REPORT ON THE RHODE ISLAND EARLY INTERVENTION SYSTEM: FUTURE DIRECTION AND ACCOMPLISHMENTS, PART III

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I. Background

Budget Article 44, effective July 1, 2004, transferred the administration of the State's Early Intervention (EI) System from the Rhode Island Department of Health (HEALTH) to the Rhode Island Department of Human Services (DHS). Section 23-13-22(b) of Act H 8669 required "an evaluation plan describing outcome measures that document the system's successes and shortcomings from the previous fiscal year be submitted to the speaker of the house of representatives, the president of the Senate and the House Oversight Committee and the Governor and the Interagency Coordinating Council." This report was submitted on November 5, 2004.

Within six (6) months, it was required that DHS shall report on (A) prescribed outcomes documented in the evaluation plan, including written explanation for those not yet accomplished, (B) the progress of coordination of efforts with HEALTH, the Department of Education (RIDE), the Interagency Coordinating Council (ICC) and other stakeholders, as well as (C) recommendations regarding modifications to reimbursement mechanisms. This report was submitted on February 4, 2005.

Additionally, R.I.G.L. Section 23-13-22(d) required a final report to be completed within twelve (12) months to include "the progress of the coordination between the Department of Health and the Department of Human Services and Department of Elementary and Secondary Education, Interagency Coordinating Council and shall include any recommendations regarding modifications to the comprehensive array of educational, developmental, health and social services provided on a calendar year basis to eligible infants, children, and their families as specified in the early intervention system." Products of this coordination and the various systemic changes pursuant to 20 U.S.C. sec. 1416 et seq. will be the foundation of this final report.

II. Early Intervention System Updates

The last report highlighted the Lead Agency and stakeholder's efforts to address perceived challenges within the EI system. These include continued successful collaboration in the following areas:

1. The Rhode Island EI System has fully transitioned from the Department of Health to the Department of Human Services evidenced by the promulgation of the *Early Intervention State Rules and Regulations* and the completion of the application for grant monies to the Office of Special Education Programs (OSEP).

2. Collaboration between EI providers, Electronic Data Systems (EDS) and DHS has improved the predictability of reimbursement procedures and the timeliness of payments, with particular emphasis on operationalizing the insurance mandate.

3. A capacity workgroup consisting of ICC members, EI providers, parents and DHS staff continues to review and implement solutions to improve timely access and initiation of EI services.

4. Parent's perception that the intensity or amount of EI services for some populations/conditions is inadequate has been a focus of programmatic improvement efforts. A shift away from this dissatisfaction is reflected in the most recent survey conducted by the Rhode Island Parent Information Network (RIPIN).

5. The EI system continues to increase the cultural and linguistic competency of its providers, staff, and communication materials through professional trainings, various technical assistance efforts as well as the public awareness workgroup.

6. For those children who do not qualify for Preschool Special Education and/or need additional services and supports at transition or discharge, appropriate community resources are being identified and accessed more readily through DHS efforts to integrate the EI system into the available continuum of care for Children with Special Health Care Needs (i.e. CEDARR and CEDARR Direct Services collaboration).

III. Early Intervention System Strategies & Products

The Department of Health, the Department of Human Services, the Department of Education, and the Interagency Coordinating Council will continue to collaborate to create a comprehensive array of educational, developmental, health and social services. Through on-going Part B/Part C collaboration, ICC meetings, KIDSNET data sharing meetings, EI Provider Partnership meetings, various workgroup meetings addressing programmatic issues, and internal staff meetings, DHS is committed to continually monitor and improve the continuum of services for all children in Rhode Island. The following strategies and products evidence these efforts:

- *Rhode Island State Early Intervention Rules and Regulations* underwent a sixty (60) day public comment period and public hearing process. Rules and Regulations were promulgated September 1, 2005. See Supporting Documents.

- A revised draft of the EI Certification Standards was released August 5th, 2005. DHS solicited public comments until September 1st, 2005. Current EI providers must submit applications for recertification by October 31st, 2005 as current certification expires on December 31, 2005. Additionally, DHS has begun concentrated efforts to recruit new providers particularly in areas where there is evidence of underserved populations. Revised Certification Standards operationalize solutions and strategies introduced and reviewed by the capacity workgroup. Technical Resource Documents designed to guide both current and potential new EI providers in the

provision of EI services are available on the DHS website. See Supporting Documents.

- Application for federal grant monies, in which systemic changes that align the EI system with the revised Individuals with Disabilities Education Act (IDEA) 2004 and bring DHS into compliance with the OSEP requirement to "minimize the number of rules, regulations, and policies to which providers are subject that are more rigorous than OSEP mandates," was submitted in May 2005. See Supporting Documents.

- An ICC subcommittee is working in conjunction with DCYF on implementation of CAPTA legislation to determine most appropriate method for handling potential influx of new referrals.

- Improved communication materials are being designed to educate both families and the physician/pediatrician community on the EI service delivery model.

- Upcoming public awareness activities are being designed to build collaboration between EI providers and existing DHS programs for Children with Special Health Care Needs.

- Extended contractual agreements with the University of Rhode Island and Rhode Island College make available continued programmatic technical assistance for DHS staff, EI providers and Specialty providers as well as manage requirements around the Comprehensive System of Personnel Development (CSPD) as mandated by OSEP.

- Due to limitations in application software, upcoming federal requirements, and the need to integrate EI into the overall Center for Child and Family Health (CCFH) system, plans to rebuild the EI Management Information System (EIMIS) are being developed. The new system will support providers in service provision and coordination and allow DHS to better monitor provider performance. A new system will promote:

    - Consistent eligibility decisions
    - Collection of new outcome data as defined by federal requirements
    - Collaboration and information sharing with primary care providers (HCFA)
    - Collection of transition and discharge data
    - Data transfer when child transfers to another provider, having a unique ID, for each child
    - Data sharing between Certified EI providers and Specialty Providers
    - Real-time data

- Standardized forms
- Tracking of special populations.

- A State Performance Plan (SPP) workgroup inclusive of stakeholders has begun work on the SPP due December 2nd, 2005. Per OSEP guidelines, the SPP will address the fourteen (14) priority indicators required for Part C that include measurable and rigorous targets for the next six years. The SPP will guide the future direction of the EI system.

IV. Early Intervention System Baseline Data

In the February report, DHS delineated measurable programmatic indicators for each of the goals implemented and monitored by DHS. Below is the baseline data for these goals with targets for improvement where needed. This information will be used in the State Performance Plan in December of 2005. The information will be then reported in the Annual Performance Report (APR) submitted to the Office of Special Education Programs (OSEP). In each APR, DHS will provide information regarding; (1) performance against targets, (2) discussion of improvement activities completed and explanation of progress and/or slippage, (3) any revisions to approved targets, improvement activities, timelines or resources.

Goal #1: All eligible infants and toddlers are identified, evaluated, and enrolled with particular attention to reaching those with the highest risks and needs.

Indicator #1: What percent of children under the age of one (1) are identified as eligible for EI enrolled in EI? How is this percentage comparable with State and national data?

Method #1: Compare KIDSNET[1] data to EIMIS and federally reported data.

Baseline Data for Indicator #1:

In 2003, Rhode Island ranks 5th out of the fifty states and District of Columbia for serving eligible infants with disabilities under the age of one. This is the most current national data available from the Office of Special Education Program. (OSEP) (Data based on the December 1, 2003 count, updated as of July 31, 2004 from OSEP).

Goal #2: Services are tailored to optimize each individual child's potential and to address family needs. Services are offered in a variety of natural environments and in an inclusive manner.

[1] **KIDSNET is a Department of Health integrated information management and tracking system for children in Rhode Island. KIDSNET provides policymakers and citizens with indicators of child well being, seeking to enrich local, state, and national discussions concerning ways to secure better futures for all children. There are ongoing meetings with the Department of HEALTH to share data on a quarterly basis.**

Indicator #2: Does the timely evaluation and assessment of child and family needs lead to identification of all needs related to enhancing the development of the child?

Method #2: Compilation of questions on RIPIN family survey to determine yearly trends.

Baseline Data for Indicator #2:

Data based on a survey of families who were active in Early Intervention during 2004 conducted by the Rhode Island Parent Information Network (RIPIN) given in the spring of 2005, 94.42% either agreed or strongly agreed with the statement "EI helps my family to learn about how to help my child develop".

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	No Answer	Totals
Total	284	147.5	16.5	2	4	3	457
Percent	62.14%	32.28%	3.61%	0.44%	0.88%	0.66%	

Additionally, 95.19% of EI families either agreed or strongly agreed with the statement "My family participated with EI staff in the development of the Plan including choosing the goals for my child".

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	No Answer	Totals
Totals	299	136	8	2	5	7	457
Percent	65.43%	29.76%	1.75%	0.44%	1.09%	1.53%	

Indicator #2a: Are all the services identified on IFSPs provided?

Method #2a: Build query of IFSP screen in EIMIS to examine timeliness of services based on DHS determined standards

Baseline Data for Indicator #2a:

Sample months were reviewed from EIMIS. The samples indicate that 86% of children received at least one service that was on their IFSP. Of the 14% who did not receive at least one service on their IFSP, 68% received services that were not indicated on their IFSP. This discrepancy between service provision and how the services are billed is being reviewed. Going forward, DHS will be better able to monitor provider performance through quality assurance and monitoring procedures introduced in the revised EI Certification Standards and reporting requirements which will be instituted with the new data system.

Despite this baseline data, 90.25% of EI families either agreed or strongly agreed with the statement "I worked together with EI staff to decide when, where, and how often my child would receive services to meet my goals"

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	No Answer	Totals
Total	298	119	20	6	5	9	457
Percent	65.21%	26.04%	4.38%	1.31%	1.09%	1.97%	

Goal #3: All participating children have a successful transition to appropriate systems and services when they reach age three.

Indicator #3: Do ALL children exiting Part C receive the transition planning necessary to support the child's transition to preschool and other appropriate community services and supports by their third birthday?

Method #3: A reporting tool will be developed that requires EI providers to present appropriate referrals to related programs, community resources and supports.

Baseline Data for Indicator #3:

Between June 2004 and December 2004 1089 children eligible for EI were discharged—414 of these children transitioned to Part B.

58% of the 322 children transitioning out of EI who were not eligible for Part B were referred to appropriate community services and supports. DHS' future efforts will focus on improved coordination between EI providers and programs for Children with Special Health Care Needs.

Because data on specifics on what occurs during transition meetings is not currently recorded in the EIMIS, an improved transition module will be included in the new data system and will allow DHS to better analyze this data. Additionally, revised Certification Standards mandate an improved transition process.

All Discharges 6/1/04-12/31/04

Children Transitioned at Age 3	1089	
Unable to give referral* (moved out of state, deceased, etc.)	353	32.42%
Ineligible Part B	322	29.57%
Part B Eligible	414	38.02%

Community Services and Supports Referrals		
Another Foster Home through DCYF	2	0.62%
Baynet	1	0.31%
CFS/FHCF	11	3.42%
Child Find	1	0.31%
Child OutReach	24	7.45%
Community Agency/Daycare	7	2.17%
Early Head Start	4	1.24%
Family Support	10	3.11%
Hasbro's feeding team/PT	2	0.62%
Head Start Program	13	4.04%
Home	18	5.59%
LEA	9	2.80%
Parents as Teachers	1	0.31%
Pediatrician	84	26.09%
Providence Center	1	0.31%
Shriners Hospital	1	0.31%
No Referral (excluding *)	133	41.30%
Total Referrals	322	100.00%

Goal #4: Available funds (public and private) are leveraged and services are coordinated to better serve more infants and toddlers with developmental delays and disabilities.

Indicator #4: Where appropriate, is commercial insurance identified, accessed, and billed for EI services?

Method #4: Report amount of dollars billed to commercial insurers for EI services.

Baseline Data for #4:

Primary Insurance for Enrolled EI Children between 6/1/04 and 12/31/04 (EIMIS)

Medicaid	134	5.90%
RiteCare	928	40.83%
Private Insurance	1168	51.39%
Uninsured	43	1.89%
Enrolled in EI	2273	

Over the past several months, DHS has been working closely with the EI providers and insurance carriers to ensure accurate and timely claims payment. There were some system configuration issues with one of the major carriers that has caused payment delays and inaccuracies for both commercial and RIte Care claims. A representative who participates regularly in the ICC meetings from the Department of Business Regulation (DBR) has been made aware of these challenges and is involved in their resolution. Additionally, ongoing technical assistance for billing issues is available to EI providers through a representative from Electronic Data System (EDS).

Goal #5: Based on Individualized Family Service Plans (IFSPs), appropriate and accessible providers are available for the array of interventions needed by EI infants, toddlers, and their families.

Indicator #5: Are there sufficient numbers of staff in each discipline to meet the identified early intervention needs of all eligible infants, toddlers and their families?

Method #5: EI providers report on staffing capacity.

Baseline Data for #5:

Revised Certification Standards, including an application guide, enables provider applicants to determinate appropriate staffing ratios in accordance with number of children served. Certification Standards also broadened the billing capacity of qualified professionals to encourage hiring of different levels of staff. Additionally, DHS is working with providers to improve recruitment and retention of all qualified personnel.

A personnel survey administered in December 2004 by DHS revealed differing turnover rates at each provider site as well as the following EI provider personnel totals:

EARLY INTERVENTION SERVICES PERSONNEL	FTE EMPLOYED AND CONTRACTED (for ages birth through 2)
TOTAL (ROWS 1-15)	164.99
1. AUDIOLOGISTS	0.35
2. FAMILY THERAPISTS	1
3. NURSES	9.63
4. NUTRITIONISTS	3.58
5. OCCUPATIONAL THERAPISTS	21.11
6. ORIENTATION AND MOBILITY SPECIALISTS	0
7. PARAPROFESSIONALS	3.6
8. PEDIATRICIANS	0.08
9. PHYSICAL THERAPISTS	14.68

10. PHYSICIANS, OTHER THAN PEDIATRICIANS	0.33
11. PSYCHOLOGISTS	0.45
12. SOCIAL WORKERS	5.95
13. SPECIAL EDUCATORS	7.3
14. SPEECH AND LANGUAGE PATHOLOGISTS	26.61
15. OTHER STAFF*	70.32
* Please list the Other Professional Staff Included:	Administration (Directors, Program/Service Managers), Interpreters, Early Interventionists, Early Childhood Educators, Parent Consultants, Operations Support Staff (Secretarial support, data entry and billing staff, transportation staff), Clinical Supervisor
COMPUTED TOTALS	164.99

V. Closing

DHS submits this report to your committee and believes it reflects our commitment and continued improvement to the delivery of the highest quality of services for all families in Rhode Island. Despite programmatic challenges, DHS, its collaborators and current EI providers continually illustrate how family centered practice is an essential element and core value of all successful EI services. Families' priorities and strengths are at the center of EI and families are equal partners in the design and delivery of services.

Baseline data outlined throughout this report highlight programmatic successes as well as areas where growth is needed. The SPP will continue to promote these improvement efforts and will be available to the committee on December 2nd, 2005.

SUPPORTING DOCUMENTS

RULES AND REGULATIONS PERTAINING TO THE PROVISION OF EARLY INTERVENTION SERVICES FOR INFANTS AND TODDLERS WITH DISABILITIES AND THEIR FAMILIES

(R-23-13-EIS)

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF HUMAN SERVICES
SEPTEMBER 2005

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Section 1.0 ***Purpose of the Early Intervention Program***

1.1 ***Purpose:***

The purpose of the Early Intervention (EI) Program is to provide comprehensive, coordinated, community based services that respond to the identified needs of eligible infants, toddlers and their families.

1.2 ***Statewide Equity:***

Eligible children and families must have equal access to comprehensive early intervention services, as defined in these regulations, irrespective of geographic location. These services must be fully compliant with all provisions of the regulations.

Early intervention services must be made available to all eligible children irrespective of gender, race, ethnicity, religious beliefs, cultural orientation, citizenship, economic status, and educational or medical diagnosis.

Section 2.0 ***Definitions***

Wherever used in these rules and regulations, the following terms shall be construed as follows:

2.1 ***"Act"*** means Chapter 23-13 of the RI General Laws, as amended.

2.2 "***Assessment"*** means ongoing procedures used by qualified personnel throughout the child's eligibility period to identify the child's and family's unique strengths and needs, and the nature and extent of Early Intervention Services (EIS) needed by child and family.

2.3 "***Children"*** means infants and toddlers from birth through age two (2), who need early intervention services

2.4 ***"Council"*** means the state Interagency Coordinating Council.

2.5 "***Days"*** means calendar days.

2.6 "***Department***" means the Rhode Island Department of Human Services.

2.7 "***Destruction"*** means physical destruction or removal of personal identification from recorded information.

2.8 "***Developmental delay***" refers to significant delay in the developmental areas of cognition, communication development, and physical development, including vision and hearing, social or emotional development, and/or adaptive behavior.

2.9 "***Director***" means the Director of the Rhode Island Department of Human Services.

2.10 "***Early Intervention System***" means the total effort in the state that is directed at meeting the needs of eligible children and families.

2.11 "***Early Intervention service provider***" means a not-for-profit organization, certified by the Department, that has been exempted from taxation pursuant to Internal Revenue Code Section 501(C)(3) [26 U.S.C. § 501(c)(3)] formed for some charitable or benevolent purpose and which delivers early intervention services as defined herein.

2.12 "***Early Intervention Service***s" (here and after referred to as "EIS") means services that are designed to meet the unique developmental needs of the eligible child and the needs of the family related to enhancing the child's development.

2.13 "***Education records"*** means the records covered by FERPA (the Family Education Rights and Privacy Act, 34 *Code of Federal Regulations*, Part 99).

2.14 "***Evaluation"*** means the procedures used by qualified personnel to determine the child's eligibility.

2.15 "***Health services***" means services necessary to enable a child and family to benefit from other early intervention services during the time the child is receiving these services, and shall include, but not be limited to:

- Cleaning, intermittent catheterization, tracheotomy care, tube feeding, changing of dressings or colostomy collection bags, and other health services;
- Consultation by physicians with other early intervention service providers concerning the special health care needs of eligible children.

Health Services shall NOT include services that are:

- Surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus); or purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose).
- Devices necessary to control or treat a medical condition; or
- Medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children.

2.16 "***IFSP***" means the Individualized Family Service Plan defined in section 12.0.

2.17 ***"Infants and toddlers with disabilities"*** means individuals from birth through age two (2) who need EIS because they:

- Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay
- Are experiencing developmental delays as measured by appropriate diagnostic instruments and procedures in one or more of the following areas: cognitive development, physical development (including vision and hearing), communication development, social or emotional development, adaptive development
- Have multiple established conditions, whose circumstances may result in substantial developmental delays if EI services are not provided

2.18 "***Location of services***" means services that are provided in natural environments, to the maximum extent appropriate to meet the child's needs, as determined by the parent and the IFSP team. These include the home and community settings in which infants and toddlers without disabilities participate.

2.19 "***Multidisciplinary***" means involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment and development of IFSP.

2.20 "***Natural environments***" means those home and community settings where EI services are provided, similar to those in which children without disabilities participate, to ensure that opportunities to enhance child development are incorporated into daily routines and activities typical for children under age three (3) and their families, as elaborated on in EI Certification Standards.

2.21 "***Parent***" means

a) General:

1. A natural or adoptive parent of a child;
2. A guardian;
3. A person acting in the place of a parent (such as a grandparent or stepparent with whom the child lives, or a person who is legally responsible for the child's welfare);
4. A surrogate parent who has been assigned in accordance with section 16.0 herein.

b) Foster parent. If the natural parents' authority to make the decisions required of parent under the Act has been extinguished under state law; and the foster parent:

1. Has an ongoing, long-term parental relationship with the child;
2. Is willing to make the decisions required of parents under the Act; and
3. Has no interest that would conflict with the interests of the child; and/or
4. Is a surrogate parent who has been assigned in accordance with section 14.5 herein.

The term does not include the state if the child is a ward of the state.

2.22 "***Participating agency***" means any agency or institution that collects, maintains, or uses personally identifiable information, or from which such information is obtained.

2.23 "***Person"*** means any individual, trust or estate, partnership, corporation (including associations, joint stock companies), limited liability companies, state or political subdivision or instrumentality of a state.

2.24 "***Qualified personnel"*** means personnel who provide Early Intervention services and who have met state approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which the person is providing EIS.

2.25 "***Service coordination*** " means the activities carried out by a service coordinator to assist and enable an eligible child and family to receive the services authorized under the Rhode Island EI program and contained in the IFSP, including all rights and procedural safeguards.

2.26 "***Service coordinator"*** means a person from the profession most immediately relevant to the child's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities), who will be responsible for the implementation of the IFSP and coordination with other agencies and persons.

2.27 "***Transportation and related costs"*** means travel and other costs that are necessary to enable a child/family to receive EIS.

2.28 "***Types of services***" shall include EI services mandated by federal law and as set forth in the EI Certification Standards.

Section 3.0 *Lead Agency*

The Department is the lead agency responsible for early intervention services for infants, toddlers, and their families consistent with Part C of IDEA effective July 1, 1991, and section 23-13-22 of the RI General Laws, as amended.

Section 4.0 *Interagency Coordinating Council (ICC)*

4.1 *Composition of ICC*

The composition of the Council is specifically determined by criteria set forth in Part C of IDEA. Members of the Council are appointed by the Governor. The Governor shall ensure that the membership of the Council reasonably represents the population of the state.

4.2 The Governor shall designate a member of the Council to serve as the chairperson of the Council. Any member of the Council who is a representative of the Department may not serve as the chairperson.

4.3 Appointments to the Council are for a two-year term. Composition of the Council shall include, but not be limited to:

a) At least twenty percent (20%) of parents of infants or toddlers including minority parents who have been enrolled in the Early Intervention Program within the past three (3) years [minimum 20%];
b) At least twenty percent (20%) of providers of early intervention services [minimum 20%];
c) One (1) representative from the legislature;
d) One (1) college or university member involved in personnel preparation;
e) One (1) pediatrician.
f) One (1) representative from each of the state human service agencies involved in the provision of or payment for EIS to infants and toddlers with disabilities and their families (Children, Youth and Families; Education; Health; Human Services; Mental Health; Retardation and Hospitals) having sufficient authority to do policy planning or implementation on behalf of the agency;
g) One (1) representative from the advocacy community for children with special needs and their families;
h) At least one (1) representative from the Department of Business Regulation, the agency responsible for state governance of health insurance;
i) At least one (1) Rhode Island Department of Education, Director of Special Education, responsible for preschool services to children with disabilities. This may or may not be the same representative of the Department of Education as required in subsection (f);
j) At least one (1) member from Head Start;
k) At least one (1) member from a state agency responsible for child care. This may or may not be the same representative of the Department of Children, Youth, and Families as required in subsection (f);
l) At least one (1) member from the State Medicaid Agency;
m) At least (1) member from the Office of the Coordinator of Education for Homeless Children and Youth;
n) At least one (1) member from the state child welfare agency responsible for foster care. This may or may not be the same representative of the Department of Children, Youth, and Families as required in subsection (f).
o) At least one (1) member from the state agency responsible for children's mental health.

The Council may include other members selected by the Governor.

4.4 ***Duties and Responsibilities of the ICC***

The Council shall assume the following responsibilities consistent with the provisions of Part C of IDEA

a) The Council will meet at least quarterly as stated in the by-laws;
b) The Council shall announce meetings in sufficient time as to ensure attendance;
c) Council meetings shall be open and accessible to the general public;
d) Interpreters for the deaf and other services needed to support participation of all interested parties will be provided as necessary;
e) No member of ICC may vote on any matter providing direct financial benefit to self or give appearance of conflict, and must conform to the provisions of Chapter 36-14 of the General Laws of Rhode Island, as amended, entitled "Code of Ethics";

f) Advise and assist the Department in the development and implementation of the policies that constitute the statewide system;
g) Assist the Department in achieving the full participation, coordination, and cooperation of all appropriate public agencies in the state;
h) Assist Department in implementation of the statewide system by establishing a process that includes seeking information from service providers, service coordinators, parents, and others about any federal or state or local policies that impede timely service delivery, and taking steps to ensure that policy problems are identified and resolved;
i) Assist Department in resolution of disputes to the extent deemed appropriate;
j) Advise and assist Department and state education agency (SEA) in obtaining appropriate services for children ages birth-5 inclusive;
k) Advise and assist SEA regarding transition of toddlers with disabilities to services under Part B to preschool and other appropriate services;
l) Advise or assist Department in the preparation of applications and amendments for applications;
m) Assist Department in the identification of fiscal sources of support for early intervention programs;
n) Assist in the assignment of financial responsibility to the appropriate agency;
o) Assist in the promotion of interagency agreements;
p) Submit an annual report to the Governor and to the Secretary of Education on the status of early intervention programs within the state.

Section 5.0 ***Certification of Early Intervention Service Providers***
5.1 No person shall provide EI services as an EI service provider without first becoming certified by the Department.
5.2 In order to become certified as an EI service provider, a person shall submit an application along with the required documentation demonstrating compliance with the Act, rules and regulations herein, and Certification Standards.
5.3 Certification shall be granted for a three-year period. All certifications shall expire on December 31st of every third year commencing December 31, 2005.
5.4 The Department shall certify applicants as it deems appropriate and necessary in order to assure a viable statewide early intervention system that provides quality services to infants and toddlers with disabilities and developmental delay.
5.5 ***General Certification Requirements***
An EI service provider shall comply with all federal IDEA (Individuals with Disabilities Education Act) requirements.
5.6 All EI service providers shall be capable of providing EI services on a statewide basis.
5.7 All infants and toddlers presumed eligible for EI services shall be promptly and accurately identified, located, and referred to EI and, if found to be eligible, shall have individualized family service plans (IFSPs) developed that accurately reflect their needs.
5.8 EI service providers shall provide care and services to children in accordance with the prevailing community standard of care.
5.9 It shall be the responsibility of the EI service provider to ensure timely referral for all children whose IFSP designates services provided by other agencies as needed. Further,

those children who are evaluated by EI providers but are not eligible for EI services shall be referred for appropriate services (e.g., CEDARR Family Centers, Early Head Start, Starting Right) with family consent. Unmet needs of this population shall be documented and submitted in accordance with Department statistical reporting requirements.

5.10 EI service providers shall assess the child's and family's needs in the family's native language or other communication mode of the parent. If this is not feasible, an interpreter shall be provided.

5.11 EI service providers shall ensure that parents are actively involved in the preparation and implementation of the IFSP, including transition planning.

5.12 EI service providers shall ensure that there is an effective, ongoing quality improvement plan in place to evaluate the provision of EI services that is coordinated with the Department's quality assurance efforts. This plan shall be available for the Department's review. Program evaluation results shall be utilized to correct identified deficiencies and to meet identified needs of children and parents.

5.13 EI service providers shall utilize evaluation and assessment procedures that are responsive to the unique demographic, cultural, racial, and ethnic characteristics of the families served.

5.14 Appropriate EI services shall be:

- Selected in collaboration with parents;
- Provided under public supervision;
- Provided by qualified personnel;
- Provided in conformity with an Individualized Family Service Plan (IFSP);
- Provided at no cost unless state law requires a system of payments;
- Provided in accordance with state standards;
- Provided in natural environments to the maximum extent appropriate to the child's needs;
- Designed to enhance both the development of the child, as well as the family's capacity to meet the child's needs.

5.15 ***Certification Requirements Related to Organizational Capabilities***

EI service providers shall have written memoranda of understanding with community agencies where children are receiving EI services.

5.16 EI service providers shall have not-for-profit status.

5.17 EI service providers shall provide services in accordance with the Department's *Certification Standards for Early Intervention*.

5.18 EI service providers shall maintain appropriate and necessary staff to ensure timely fiscal management that maximizes collection of funds from available sources (e.g., Medicaid, private insurers).

5.19 Fees shall not be charged to families for the provision of child find services, evaluation and assessment, IFSP development, review and evaluation, service coordination, and implementation of procedural safeguards.

5.20 Under no circumstances shall EI services be withheld based upon a family's financial status or inability to pay for services.

5.21 No services that a child is entitled to receive shall be delayed or denied due to disputes between agencies regarding financial or other responsibilities.

5.22 EI fiscal services shall adhere to recognized standard accounting practices.

5.23 An annual certified audit, as prescribed by the Department, shall be maintained on file by the EI service provider for a period of no less than three (3) years. A copy of said annual audit shall be forwarded to the Department upon request.
5.24 EI service providers shall maintain management information systems, compatible with the Department's, to ensure timely billing, data reporting, and quality improvement activities.
5.25 Each EI service provider shall report to the Department statistical data on its operations and services. Such reports shall be made at such intervals and by such dates as determined by the Department.

Section 6.0 ***Definition of the Eligible Population***
6.1 Children eligible for early intervention services shall include all infants and toddlers who have received a multidisciplinary team evaluation consistent with procedures described in sections 9.5--9.7 and who meet the criteria specified in section 6.0 or are eligible due to a designated single established condition.
6.2 Eligible children include those with:
6.21 Children with a Single Established Condition

Criteria: The child has a physical or mental condition known to impact development, including, but not limited to, diagnosed chromosomal, neurological, metabolic disorders, or hearing impairments and visual impairments not corrected by medical intervention or prosthesis. Evidence of diagnosis must be in the child's record.

6.22 Children with established developmental delays.

Criteria: The child exhibits a delay in one or more areas of development (that is, 2 standard deviations below the mean in one area of development, or 1.5 standard deviations below mean in two or more areas of development, or if using developmental age or age equivalents, a delay greater than or equal to 33% in one area or 25% in two or more areas of development.)

6.23 Children with multiple established conditions.

Criteria: As a guideline, the identification of any one child characteristic and three (3) additional child or family circumstances. Evidence of these criteria should be documented in the child's record along with appropriate goals and treatment strategies as determined by the family and the IFSP team.

Section 7.0 ***Central Directory of Services***
7.1 The Department shall oversee a directory of local, regional, and statewide resources for infants, toddlers, and their families, which shall include:

a) Information on all health care, education, mental health, child care, developmental, financial, and other social service programs which are available for young children and families;
b) Information on research and demonstration projects in the state;
c) Professionals and other groups providing assistance to children and families;
d) Public and private early intervention services; and

e) Public and private resources and experts available to providers or families. This directory shall be updated at least annually and be accessible to the general public and be available in places and in a manner that ensures accessibility by persons with disabilities.

Section 8.0 ***Comprehensive Child Find System***

Child Find efforts shall be coordinated by the Department with all state agencies and relevant community programs (e.g., Department of Education, Maternal and Child Health, Medicaid EPSDT, Department of Children, Youth and Families, Head Start and Family Outreach Program). Three methods, universal screening, direct referrals and public awareness, shall be implemented concurrently on a statewide basis to ensure that all infants and toddlers in the state who are eligible for services are identified, located, and evaluated.

8.1 ***Universal Screening***

Universal screening shall mean that every child born in Rhode Island shall be screened at birth for risk factors related to developmental delay, or adverse developmental consequences. Follow-up screening shall occur at periodic intervals between birth and through age two (2). This initial screening may occur in the hospital and will continue via other health care providers in the community.

8.2 In-home screening, for all those identified as having risk factors in section 8.1, is a comprehensive process that is intended to identify children in need of additional services. After in-home screening is completed, and on-going risk factors have been identified, the child and family's needs will be addressed through a community based review process. Alternatively, children who are determined to have probable eligibility for EIS may be referred to an EI service provider.

8.3 ***Direct Referrals***

All early intervention service providers certified by the Department in accordance with sections 5.0 and 10.0, shall implement a standard referral process which permits families and community-based agencies to refer infants and toddlers directly to programs for screening, evaluation and assessment to determine eligibility for EIS.

8.4 Referral will be made by primary referral services, (i.e. hospitals, physicians, parents, child care centers, LEAs, public health facilities, other social service agencies and other health care providers) within two (2) working days after the child is identified.

8.4.1 All children under the age of three who are involved in a substantiated case of child abuse or neglect or are identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug explosive shall be referred to EI.

8.5 The standard referral process must include:

a) A form that minimally records the referral source, date and reason(s) for referral, primary health care provider, services currently received, demographic information for the child and family, and final disposition of the referral;
b) Procedures to ensure that eligibility determination for all referrals shall be made and the initial IFSP meeting held within forty-five (45) days of referral;
c) Procedures to ensure that all referral sources and families are informed, in writing of the disposition of the referral, and any activities (with timelines) which will be instituted on behalf of the child and family with written parental consent;

d) Procedures to ensure that all ineligible children and families shall be informed of alternative community services and supports which coincide with identified needs.

8.6 ***Public Awareness***

Public awareness is an ongoing, systematic approach to communication with the primary referral sources, health and human service professionals, and parents that focuses on the early identification of all children who are eligible to receive EIS.

Section 9.0 ***Evaluation and Assessment Procedures***

9.1 Each EI service provider shall implement a timely comprehensive multidisciplinary evaluation of each child with unknown eligibility for EIS, birth through age two (2), referred for evaluation, and a family directed identification of the needs of each child's family to appropriately assist in the development of the child. Alternatively, families shall be offered the opportunity of an in home screening through the child outreach system, if probable eligibility for EI cannot be ascertained from the referral information. The evaluation and assessment will serve to determine:

- Program eligibility
- Initial IFSP content
- Process for ongoing IFSP monitoring
- Information for transition.

9.2 The assessment shall include, but not be limited to: resources, priorities, and concerns of family, and identification of supports and services necessary to enhance developmental needs of child, with parental consent.

9.3 Each provider shall implement a systematized process that tracks the sequence of all assessment activities and services from the date of referral through the child's discharge on or before three (3) years of age.

9.4 ***Multidisciplinary Team***

For each initial team assessment and every reassessment thereafter, at least two members of the multidisciplinary team must be present, two (2) of whom must be qualified personnel and, in all instances, the service coordinator must be present.

9.5 ***Child Evaluation and Family Assessment--Child Level of Functioning***

Each child referred to an early intervention program shall receive a multidisciplinary team assessment within forty-five (45) days of the date of referral.

9.6 Such evaluations and assessments must be conducted by personnel trained to use appropriate methods and procedures and informed clinical opinion to evaluate a child's level of functioning in each of the following areas: cognitive, physical, (including vision and hearing), communication, social or emotional development, or adaptive development. A review of each child's current health records and medical history shall be included in this process.

9.7 The outcomes of the assessment process shall be the identification of the child's and family's unique strengths and needs as well as the identification of appropriate early intervention services to meet such needs.

9.8 Any person who has reasonable cause to know or suspect that any child has been abused or neglected shall report such information to the proper authorities at the state Department of Children, Youth and Families, in accordance with the requirements of Chapter 40-11 of the Rhode Island General Laws, as amended.

9.9 ***Family Concerns, Resources and Priorities***
With the voluntary consent of the parent, the assessment process, shall also include:

- Specification of expressed family concerns, resources and priorities, related to enhancing the child's development, and
- Assessing all supports and linkages with other agencies to enhance the family's ability to provide for the child.

9.10 This information should be collected only if it serves a specific decision making function. Parents and the service coordinator shall jointly determine the method(s) for gathering this information.
9.11 ***Nondiscriminatory Procedures***
Each early intervention provider shall use a process that ensures that:

- Evaluation and assessment procedures are administered in the native language of the child and parent or other mode of communication;
- Procedures used are racially or culturally sensitive;
- Evaluation and assessment are conducted by qualified personnel.

9.12 ***Timelines***
All initial evaluations to determine eligibility and assessment activities shall be completed within forty-five (45) days of provider referral.
9.13 An initial meeting to develop the IFSP and will be conducted within the forty-five (45) day time limit.
9.14 In exceptional circumstances wherein multidisciplinary team assessments cannot be completed within this forty-five (45) day timeframe, all children and families shall receive a comprehensive in-home screening for purposes of potential eligibility determination.
9.15 For children who are clearly eligible for services as determined by the screening process, but exceptional circumstances make it impossible to complete the initial evaluation within forty-five (45) days, the early intervention provider will document the circumstances which make an extension necessary and an interim IFSP shall be developed consistent with requirements specified in section 9.16, given informed written parental consent.
9.16 Interim IFSP's may also be developed if EIS are to begin before the evaluation and assessment are completed, with parents' informed consent. The interim IFSP must include the name of the service coordinator, the services immediately needed and proposed outcomes. In these cases, the initial evaluations and assessments must still be completed within forty-five (45) days.
9.17 ***Determination of Service Levels***
The primary determinant of service levels--i.e., nature, frequency, intensity, location—shall be based on the IFSP process.
9.18 Decisions regarding service provision shall be derived from the child and family assessment process and shall result in an individualize family service plan for each child and family

Section 10.0 ***Individualized, Family Service Plan (IFSP)***
10.1 ***Components of Plan***

- The Department assures that each eligible child and family will receive an evaluation and assessment, IFSP service coordination services and access to

procedural safeguards. An IFSP meeting will be conducted no later than forty-five (45) days of the referral. Each IFSP must be developed jointly by the family, service coordinator, at least one (1) member of the multidisciplinary team, and other persons deemed as necessary by the EI service provider or the family. Each IFSP will be based on the multidisciplinary team evaluation and assessment of the child and family and will include the appropriate services necessary to enhance the development of the child and the capacity of the family to meet the developmental needs of the child. The Department provides a standardized IFSP form that all EI providers must use. The following will be included in the IFSP:

- Child status that describes a child's current level of functioning within the areas of physical, (including vision and hearing), cognitive, communication, social or emotional and/or adaptive development. Present status of development will be based upon professionally accepted objective criteria and will focus on child strengths and needs to form the basis for goal development.
- With the concurrence of the family, the IFSP will include a statement of family resources, priorities, and concerns, related to enhancing the development of the child.
- A statement of the measurable results or outcomes expected to be achieved for the child and the family, including pre-literacy and language skills, as developmentally appropriate for the child, and the criteria, procedures, and timelines used to evaluate progress towards such outcomes shall be included. Services shall be modified, as necessary with family consent and prior notice.
- A statement of the specific early intervention services based on peer-reviewed research, to the extent practicable, necessary to meet the unique needs of the child and family. Such statements must include the frequency, intensity, location (i.e. home, center, hospital), method of service, and payment arrangements, if any. Also, services must be provided, to the maximum extent possible, in a natural environment as determined by the family and the IFSP team. A justification is needed when EIS cannot be achieved satisfactory for the infant or toddler.
- A statement of medical, health and other services necessary to the child but not required under Part C, the methods used and persons responsible for accessing them.
- Projected dates for the initiation and anticipated duration of all services listed.
- Name of the service coordinator from a profession most immediately relevant to the child's or family's needs, or who is otherwise qualified to be responsible for implementing the IFSP. This may be the service coordinator assigned at the time of referral or a new one may be appointed at the IFSP meeting.
- Specification of activities that will occur to support the smooth and effective transition of children from early intervention to other environments on or before three (3) years of age.

Section 11.0 ***Development, Review, and Evaluation of the IFSP***

11.1 Each IFSP meeting shall minimally include the following participants:

- The parent or parents of the child;
- Other family members, as requested by the parent;
- Other persons, as requested by the parent;

- An advocate or person outside of the family as requested by the parent;
- Service coordinator;
- Multidisciplinary team members who are directly involved in conducting evaluations or assessments and providing services.

Meetings must be held with sufficient written notice, at least seven (7) days prior to meeting, unless previously waived in writing by the parent(s), and in settings and at times convenient to families to ensure attendance. They must be conducted in the native language of the family or other mode of communication used by the family, unless not feasible. If not feasible, an interpreter shall be provided.

In instances where services are needed immediately, an interim IFSP may be initiated for eligible children prior to the completion of the assessment process, provided:

- Written consent of parent is obtained;
- An interim IFSP is developed that includes the name of the service coordinator who will be responsible for implementation of the interim IFSP;
- Specific early intervention services that have been determined to be needed immediately by the child and child's family are identified;
- Projected date of completion of the assessment process determined and agreed to by the parent(s);
- Documentation of the exceptional circumstances is required

11.2 ***Progress Review***

Each IFSP must be formally reviewed every six (6) months, or more frequently if conditions warrant, or if a family requests such a review. Participants in this progress review shall minimally include the parent, service coordinator, and others as requested by the parent. The purpose of this meeting is to review the IFSP and to update or develop goals and determine progress toward the desired outcomes and whether or not modification to the IFSP is needed.

11.3 ***Annual IFSP***

The annual IFSP meeting to evaluate the IFSP shall be consistent with results and findings derived from the annual multidisciplinary team assessment and progress toward goals. Participants in this meeting shall include those represented in the initial IFSP meeting or members of the multidisciplinary team.

11.4 ***Accessibility and Convenience of Meetings***

IFSP meetings shall be conducted:

- In settings and at times that are convenient to families;
- In the native language of the family or other mode of communication used by the family
- In accordance with written notification provided to the family and all other participants by the primary service coordinator at least seven (7) days prior to the date of the meeting.

Section 12.0 ***Transition of Children to Preschool Programs***

12.1 All programs shall include a description of policies and procedures to ensure a smooth transition of children from Early Intervention into other environments as outlined in the child's transition plan.

12.2 ***Transition of Children from Part C to Preschool Programs***
When the child is 28 months old, EI providers shall notify the Local Educational Authority (LEA) where the child resides and other community services and supports. A transition meeting is requested by the service coordinator. A transition team shall convene to begin individual transition planning when the child is 30 months of age. The EI service coordinator shall be responsible for scheduling this meeting. The team shall include the parents, the service coordinator, the LEA representative, and other individuals as requested by the parents. The team shall develop a written plan outlining the activities to take place during the transition period, the persons responsible, and the timelines. The plan shall become part of the child's IFSP and shall reflect the individual needs of the child and the participation of the family.
12.3 All children exiting EI shall have a transition-planning meeting. As part of the transition plan, if a child is determined to be ineligible for special education services, the transition team shall refer the family and child to appropriate community resources.

Section 13.0 ***Comprehensive System of Personnel Development***
13.1 All professional qualified personnel in early intervention programs, whether employed on a full-time or part-time basis, or under a contractual agreement, for whom certificates or licenses are required by state law and regulation, shall hold such certificates or licenses.
13.1.1 Copies of all current licenses, certificates, or registrations required by law or regulation shall be maintained on file by the EI service provider for all professional qualified personnel.
13.1.2 All EI personnel shall meet qualifications as set forth in the EI Certification Standards.
13.2 Each EI service provider shall promptly notify the Department of any staffing changes that would materially affect the provision of EI services.
13.3 ***Personnel Standards***
The EI service provider shall develop written policies and procedures that will ensure those personnel providing early intervention services to eligible children and their families are appropriately prepared and trained. Such written policies shall include the provision that staff shall attend all training for professional development activities mandated by the Department. This requirement may be met through the use of professional development plans. EI providers shall ensure appropriate supervision of qualified personnel. This shall include the employment of a full-time supervisor who shall participate in training or supervision as required by the Department.
13.4 ***Service Coordinator***
Each eligible child and the child's family shall be provided with a service coordinator who is responsible for coordinating all services between agencies and serving as the single point of contact to obtain the services and assistance that parents require. There shall be a sufficient number of service coordinators as defined by the Department available to plan and coordinate all EI services in natural environments in a timely manner including the multidisciplinary team evaluation and/or assessment, the initiation of an IFSP meeting within forty-five (45) days of referral, and all IFSP reviews. Service coordinators shall meet the required standards of section 2.25 herein and shall be responsible for:

- Coordination of multidisciplinary evaluations and assessments;
- Participation in development, review and evaluation of integrated Individualized Family Service Plan (IFSP) goals and outcomes;
- Assisting families in identifying available service providers;
- Coordinating and monitoring the delivery of services;
- Informing families of advocacy services;
- Coordinating with medical and health providers;
- Facilitating the development of a transition plan to preschool services, when appropriate; or making referrals to appropriate community services and supports;
- Facilitating the timely delivery of available services;
- Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.

Service coordinators shall serve as the single point of contact in helping parents to obtain the services and assistance they need. Service coordinators shall be persons who have demonstrated knowledge and understanding about eligible infants and toddlers, Part C of the Individual with Disabilities Education Act (IDEA) and the regulations, the nature and scope of services available under the state's Early Intervention Program as delineated in the Certification Standards, the system of payments for those services, and other pertinent information.

13.5 ***Training and Professional Development***

Requirements for training and professional development of qualified personnel are outlined in EI Certification Standards. Certified providers must document evidence of trainings and shall be maintained on file for all qualified personnel.

Section 14.0 ***Procedural Safeguards and Confidentiality***

14.1 The intent of this section of the regulations is to ensure that:

- Parents are fully informed of all recommendations in the parent's native language or other mode of communication. If it is not feasible to provide information in the parent's native language or other mode of communication, an interpreter shall be provided;
- Recommendations and all direct services cannot be initiated without written parental consent;
- Parents are allowed the opportunity to inspect and review records; and
- In those instances in which disagreement occurs between EI service provider staff and parents regarding the nature of the assessment process, IFSP process, or service provision, impartial mediation and hearing procedures shall be available for resolving such issues.

14.2 ***Parent Consent and Notice***

Definition of Consent

Consent means that:

- The parent(s) have been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication. If it is not feasible to provide information in the parent's native language or other mode of communication, an interpreter shall be provided.

- The parent understands and agrees in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to whom;
- The parent understands that the granting of consent is voluntary and may be revoked at any time;
- The parent has the right to determine whether the child or other family members will accept or decline an EIS under this part in accordance with state law, without jeopardizing other early intervention services under this part;
- The definition of "native language" (for persons with limited English proficiency) means language/mode of communication normally used by parents.

14.3 ***Prior Notice***

- Written notice, typically through the IFSP process, must be given to the parent(s) of an eligible child prior to the provision or modification of early intervention services to the child or family. All communication must be in a language understandable to the parent(s), and/or must be conveyed in the parent's native language or normal mode of communication. Service providers shall be responsible for assuring availability of qualified foreign language interpreters and/or sign language interpreters.
- The notice must be provided within a reasonable time before the provider proposes or refuses to initiate or change the identification, evaluation, or placement of a child or the provision of early intervention services.
- If the parent is deaf or blind, or has no written language, the notice must be in the language or mode of communication normally used by the parent. An interpreter may be used.
- This notice must be in sufficient detail to inform the parent(s) about the evaluation or direct service activity being proposed or refused, must include the reasons for the actions proposed, and must include all procedural safeguards.

14.4 ***Parent Consent*** Written informed parental consent must be obtained before:

- Conducting an evaluation and assessment of a child;
- Initiating or changing the provision of early intervention services.

If consent is not given by the parent, the early intervention program shall make reasonable efforts to ensure that the parent:

- Is fully aware of the nature of the assessment or services that would be available;
- Understands that the child will not be able to receive the assessment or services unless consent is given.

14.5 ***Surrogate Parents***

The Department shall ensure that the rights of eligible children are protected if:

- No parent can be identified;
- The early intervention provider, after reasonable efforts, cannot discover the whereabouts of a parent;
- The child is a ward of the State.

14.6 The Department shall be responsible for determining the need for a surrogate and the assignment of an individual to act as a surrogate for the child in accordance with existing state law. Such policies shall ensure that a person selected as a surrogate parent:

- Has no interest that conflicts with the interests of the child he or she represents;

- Has knowledge and skills that ensure adequate representation of the child.

14.7 A person assigned as a surrogate parent may not be an employee of any state agency or be involved or be an employee of someone involved in the provision of early intervention or other services to the child or to any family member of the child.

14.8 A surrogate may represent a child in all matters related to:

- The evaluation and assessment of the child;
- Development and implementation of the child's IFSP, including annual evaluations and periodic reviews;
- Procedural safeguards;
- The ongoing provision of early intervention services to the child;
- Any other matters contained in the *Certification Standards.*

14.9 A surrogate parent may be removed for any violation(s) of the surrogate parent agreement.

14.10 ***Opportunity to Examine Records***

The parent(s) of eligible children must be afforded the opportunity to inspect and review their child's records, including information relating to evaluation and assessment, eligibility determination, development and implementation of IFSPs, and individual complaints dealing with the child. Parents must be informed in their native language of the nature, type, and purpose of information contained within their child's records, and must receive written notice of a program's policies and procedures regarding information collection, storage, disclosure, and destruction.

14.11 ***Access Rights***

Each early intervention program shall permit parents to inspect their record. Requests for record reviews by parents shall be complied with promptly, and in no case shall exceed forty-five (45) days. Record reviews must be facilitated, upon request, prior to IFSP meetings, hearings related to the child's identification, evaluation, or placement, or at any time within the identification, evaluation, and IFSP planning process. Parents or their designated representative may also request copies of records; however, programs may not charge for retrieving or copying such records. Parents or their representatives have the right to a response to reasonable requests for explanations and interpretations of records. The agency will presume the parent has the authority to inspect and review his/her child's records unless the agency has been advised that the parent does not have that authority under state law.

14.12 ***Record of Access***

All participating agencies which maintain confidential or personally identifiable information on children and their families must keep a record of parties obtaining access to those records (except access by the child's parents and authorized employees of the agency), including:

- The name of the party requesting access;
- The date of access; and
- The purpose for the access.

14.13 ***Records On More Than One Child***

If any record includes information on more than one child, parents of those children have the right to inspect and review only the information relating to their child or to be informed of that specific information.

14.14 ***List of Types and Locations of Information***
Agencies must provide parents, upon request, a list of the types and location of records collected, maintained, or used by the agency.
14.15 ***Amendment of Record at Parent's Request***
In those instances in which the parent believes that the record is inaccurate, misleading, or violates the privacy or rights of the child or family, the parent may request the agency to amend the information. Such amendments, if agreed to by the agencies, must occur promptly. The agency may, within a reasonable time, decide whether to amend the record. If an agency refuses to amend the record, the parent shall be so notified in writing and shall be informed of their right to an impartial hearing. In either case the agency must note in the record the parents expressed disagreement with the information.
14.16 ***Right to a Hearing Regarding Information Contained Within Records***
Parents shall be entitled to an impartial hearing if they believe that the contents of their child's record is inaccurate, misleading, or violates the privacy or rights of the child or family. Such impartial hearings shall be subject to the same procedures as specified in section 15.8 of these regulations. If the impartial hearing finds that the record is inaccurate, misleading, or in violation, the agency must amend the record and so inform the parents of such amendments, in writing, within one (1) week of the decision.
If the impartial hearing finds that the record is accurate, the agency must inform the parent of their right to insert a written statement into the record, commenting on information or expressing disagreement with the decision of the agency. Such statements must be maintained as part of the child's record as long as the child's record or contested portion is maintained by the agency, and must be disclosed if the record is reviewed by any party.
14.17 ***Hearing Procedures***
Any hearing held under this part regarding a child’s record must be conducted under the procedures in 34 *CFR* 99, the Family Education Rights and Privacy Act (FERPA).
14.18 ***Consent***
Written parental consent must be obtained before personally identifiable information is disclosed to any individual not employed or placed by the Department, the Early Intervention service provider, or to any other agency, or for any other purpose than to comply with these regulations. The agency may not release information from the records to participating agencies without the consent of the parent unless authorized to do so under FERPA. In the event that the child's multidisciplinary team believes failure to release requested information would be harmful to the health or welfare of the child, the agency may request a due process hearing to determine if the information may be released without parental consent.
14.19 ***Safeguards***
All early intervention programs are responsible to protect the confidentiality of personally identifiable information at the collection, storage, disclosure, and destruction stages. The administrator of the early intervention provider site shall assume responsibility for ensuring that confidentiality of personally identifiable information is maintained. Each provider must maintain a list of individuals who have access to personally identifiable information, and must provide instruction to these individuals regarding all sections of these regulations pertaining to maintenance of confidentiality.

14.20 ***Destruction of Information***
Personally identifiable information (excluding permanent record information such as name, address, phone number, early intervention program and services) must be destroyed if the parent so requests. The agency must inform the parent when personally identifiable information is no longer needed or maintained by the agency.
14.21 ***Enforcement***
Each service provider, agency, institution, and organization that provides services under Part C shall participate in a self-review process, as well as monitoring and on-site reviews by the Department to ensure that all policies and procedures are being followed.
14.22 Sanctions for failure to comply with the Part C requirements identified during the monitoring process and failure to correct identified deficiencies may include the withholding of Part C funds if determined appropriate by the Department.
14.23 If the Department determines that an EI service provider is not in compliance with the Act or the rules and regulations herein, certification status may be denied, revoked or suspended following notice and opportunity for hearing.

Section 15.0 Mediation and Impartial Hearing Process

15.1 Mediation Procedure

Mediation is a form of conflict resolution in which a "mediator" is called upon to attempt to reach a resolution of differences of opinion between parent (s) and early intervention service providers.
15.2 Either party to a disagreement may submit a written or verbal request to the Department for mediation. The Department has established and implemented procedures that ensure that the mediation process:

- Is voluntary on the part of both parties;
- Is not used to deny or delay a parent(s) right to a due process hearing or to deny any other parental rights afforded under Part C;
- Is conducted by a qualified and impartial mediator who is trained in effective mediation techniques; and
- Is completed with fourteen (14) days of request unless otherwise agreed to by the involved parties.

15.3 The Department shall maintain a list of individuals who are qualified mediators and are knowledgeable in laws and regulations relating to the provision of EI services.
15.4 The Department shall bear the cost of the mediation process.
15.5 Each session in the mediation process shall be scheduled in a timely manner and be held in a location that is convenient to the parties involved in the dispute.
15.6 An agreement reached by the parties to the dispute in the mediation process shall be set forth in a written mediation agreement that legally binding and enforceable in a court of law. Discussions that occur during the mediation process are confidential and may not be used as evidence in any subsequent due process hearings or civil proceedings. The parties to the mediation process shall be required to sign a confidentiality agreement prior to the commencement of such process.
15.7 Either party may request a hearing, or reactivate a hearing, which was requested prior to mediation. In the event of reactivation, the hearing must be completed and decision rendered within thirty (30) days of the original request of the hearing if the

mediation process fails to achieve a mutually agreeable resolution of the disagreement within the fourteen (14) day time line.

15.8 Impartial Due Process Hearing

A parent or public agency may initiate a hearing on any matter pertaining to prior written notice related to the public agency's proposal or refusal to initiate or change the identification, evaluation, or placement of the child, or the provision of services. The procedures at 34 CFR sections 300. 506-300. 512 has been adopted. A hearing shall be conducted by an impartial hearing officer who shall complete the proceeding, render a written decision, distributed to all parties, no later than thirty (30) days after the request for a hearing. The hearing officer shall not be involved in the education or care of the child, or be a person who has any personal or professional interest interfering with objectivity in the hearing. A person who qualifies as a hearing officer shall not be disqualified solely because he/she is paid by the public agency to implement the complaint resolution process. The hearing officer should have knowledge about the provision of complaint management requirements, the needs of the child/family and services available to the child/ family. It shall be the responsibility of the Department to assign and financially reimburse the hearing officer. The Department must keep a list of persons who serve as hearing officers and the list must include the qualifications of each of those persons.

15.9 Hearings Initiated by the Parent(s)

A hearing may be initiated by the parent(s) by filing a written complaint with the Department and/or the administrator of the early intervention program. The Department must inform the parent of any free or low-cost legal and other relevant services available in the area if the parent requests the information or the parent or the provider initiates a hearing under this section. Within ten (10) days of receipt of a written complaint, a hearing officer shall be designated.

15.10 Hearings Initiated by the Early Intervention Providers

A hearing may be initiated by the EI service provider administrator by written notice to the Department with a copy of the notice mailed to the parent(s). Within ten (10) days of receipt of a written complaint, a hearing officer shall be designated.

The Department will inform the parent(s) of any free or low cost legal and other relevant services available in the area. A form will be sent to the parents with information relating to legal counsel.

15.11 In the event either party requests a hearing, the hearing officer appointed will have knowledge about the provisions of the complaint management requirements, the needs of children and families, and the services available to children and families. The hearing officer shall perform the following duties:

- Listen to viewpoints about the complaint, examine information relevant to the issues, and seek to reach a timely resolution of the complaint.
- Provide a record of the proceedings, including the written decision within sixty (60) days of the receipt of the written complaint.

15.12 Hearing Rights

Any party to an impartial due process hearing has the right to:

- Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to EIS for eligible children.

- Present evidence and confront, cross-examine and compel the attendance of witnesses.
- Prohibit the introduction of any evidence at the hearing that has not been disclosed to that party at least five (5) days before the hearing.
- Obtain a written or electronic verbatim record of the hearing.
- Obtain written findings of fact and decisions.

Parents involved in a hearing have the right to have the child who is the subject of the hearing present and to open the hearing to the public.

15.13 Hearing Decision: Appeal

A decision made in an impartial due process hearing is final unless a party to the hearing appeals this decision.

15.14 Administrative Appeal: Impartial Review

Any party aggrieved by the decision may appeal to the Department. The Director shall arrange for appointment of an impartial review officer who is not an employee of the Department. The review officer shall conduct an impartial review of the hearing. The official conducting the review shall:

- Examine the entire hearing record.
- Insure that the procedures at the hearing were consistent with the requirements of due process.
- Seek additional evidence, if necessary, applying all rights previously cited.
- Afford the parties an opportunity for oral or written argument, or both, at the discretion of the reviewing official.
- Make an independent decision on completion of the review, but no later than thirty (30) days after the request for the review.
- Give a copy of the written findings and the decision to the parties.

The decision made by the reviewing official is final unless a party brings civil action in a state or federal court. A hearing or reviewing officer may grant specific extensions of timelines beyond the thirty (30) day period at the request of either party.

15.15 Convenience of Hearings and Reviews

Each due process hearing and each review must be conducted at a time and place which is reasonably convenient to the parent. No later than thirty (30) days after receipt of the complaint, the impartial due process proceedings will be completed and a written decision will be mailed to each party.

15.16 Civil Action

Any party aggrieved by the decision of the reviewing officer has the right to bring civil action in state or federal court.

15.17 Child's Status During the Proceedings

During the pendency of any administrative or judicial proceeding regarding EI services unless the early intervention program and parent(s) of the child agree otherwise, the child involved must continue to receive the early intervention services defined in the most recent IFSP signed by both parties. If the complaint pertains to services to be provided under Part B after the child's third (3rd) birthday, Part B is responsible for the provision of all services.

Section 16.0 Resolving Complaints

16.1 Any individual or agency, public or private, may file a written signed complaint to the Department which identifies an area of noncompliance with these regulations, as well as written facts supporting the complaint, by an early intervention service provider. The Department shall be responsible for investigating such complaints and, if necessary, for conducting on-site visitations, giving the complainant the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint; and reviewing all relevant information to make an independent determination as to whether the public agency is violating a requirement of Part C of the Act or of this Part; and written responses to the complainant shall be issued by the Department within sixty (60) days of receipt of the complaint. Such written correspondence shall include findings which indicate how the complaint was resolved, and the corrective actions, if any, including timelines required by the early intervention program. Extensions of the sixty (60) day timeline may be granted by the Director only if exceptional circumstances exist with regard to the complaint. The family shall be notified if an extension is granted by the Director.

16.2 The Department shall include procedures for effective implementation of the Department's final decision, if needed, including:

- Technical assistance activities;
- Negotiations; and
- Corrective actions to achieve compliance.

16.3 Complaints and Due Process Hearings Filed under this Section

If a written complaint is received that is also the subject of a due process hearing under this section, or contains multiple issues, of which one or more are part of that hearing, the state shall set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not a part of the due process action shall be resolved within the sixty (60) day timeline using the complaint procedures described in sections 16.1 and 16.2 herein.

16.4 If an issue is raised in a complaint filed under this section that has previously been decided in a due process hearing involving the same parties: (1) The hearing decision is binding; and (2) The Department shall inform the complainant to that effect.

16.5 A complaint alleging a public agency's or private sector provider's failure to implement a due process decision shall be resolved by the Department.

Section 17.0 Severability

17.1 If any provisions of these rules and regulations or the application thereof to any person or circumstance shall be held invalid, such invalidity shall not affect the provisions or application of the rules and regulations which can be given effect, and to this end the provisions of the rules and regulations are declared to be severable.

STATE OF RHODE ISLAND

Department of Human Services

Center for Child and Family Health

Certification Standards

Early Intervention

September 1, 2005

TABLE OF CONTENTS

1.0 Service Information and Background

1.1 Introduction

The Early Intervention (EI) System is designed to meet the needs of infants and toddlers eligible for EI and their families, as early as possible. The purpose of the EI System is to support families' capacity to enhance the growth and development of children birth to 36 months who have developmental challenges. Eligible children may have certain diagnosed conditions, delays in their development, or be experiencing circumstances, which are likely to result in significant developmental problems, particularly without intervention.

The foundation of EI is the collaboration between families and professionals, using a family-centered approach. EI strives to provide comprehensive, community-based, culturally sensitive services designed to meet the developmental challenges of eligible children and families. Families, together with EI professionals, determine the desired outcomes for their child, the strategies for accomplishing these outcomes and the supports needed by the family. These goals, and the services needed to support obtaining these goals, are written in an Individualized Family Service Plan (IFSP).

The delivery of services to a child who is eligible is a joint process in which family members are full partners; thus the education of family members is a primary goal of all EI activities. Certified EI providers coordinate this process. To the maximum extent possible, services are provided in home and community locations so that naturally occurring learning opportunities may be maximized.

The following is a brief overview at the events that take place while a child is in the EI System. In general, these events are listed in the chronological order that they are most likely to occur. However, given the dynamic relationship among children, families, and providers, the processes that support these events are likely to be intertwined. Each of these events and the processes are explained further in the relevant sections of this document: Referral to Early Intervention, Entry into a Full Service Early Intervention Program, Child Evaluation and Eligibility Determination/Child and Family Assessment, Individual Family Service Plan (IFSP), Early Intervention Services, IFSP Review and Transition.

The Department of Human Services has made a commitment to the following goals:

- All eligible infants and toddlers are identified, evaluated/assessed and enrolled, with particular attention to reaching those with the highest needs.
- Services are tailored to optimize each individual child's potential, and to address family needs. Services are offered in a variety of natural environments and in an inclusive manner.
- All participating children have a successful transition to appropriate systems and services when they are discharged.
- Available funds (public and private) are leveraged and services are coordinated to better serve more infants and toddlers with developmental delays and disabilities.
- Based on Individualized Family Service Plans (IFSPs), appropriate and accessible providers are available for the array of interventions needed by EI infants, toddlers, and their families.

1.2 Intended Outcomes of Certification Standards

Consistent with the Individuals with Disabilities Education Act (IDEA) 34 CFR Part 303 (Part C), the Department of Human Services (DHS) has defined a set of standards to ensure compliance with federal and state regulations and to ensure the provision of quality services to the infants and toddlers and their families in the State of Rhode Island. This certification process and the issuance of these Certification Standards provide the basis for DHS determination of providers eligible to participate in and receive payment for the provision of EI services. These Certification Standards establish the procedures and requirements for EI services as administered by DHS. These Certification Standards serve to provide families, potential applicants, service providers and other interested parties with a full description of Early Intervention Services, including guidance related to certification requirements, methods for application, and evaluation requirements. Sections 1 through 7 contain service description and background as follows:

Section 1: Service Information and Background
Section 2: Certification Process
Section 3: Target Populations and Required EI Services
Section 4: Required Components of Statewide EI System
Section 5: Description of EI System Components
Section 6: Performance Standards
Section 7: Qualified Entity

This document specifically describes the requirements for certification. Satisfactory compliance with these requirements must be demonstrated for certification; continuing compliance is required in order to maintain full certification status.

Section 1 provides an introduction to the EI system, Section 2 describes the process for certification and Section 3 describes eligibility criteria and EI services. Section 4 introduces EI service components, Section 5 outlines procedures and policies within EI service components, and Section 6 outlines provider reporting and compliance requirements. Section 7 delineates requirements for organizations applying for certification.

1.3 Commitment to Service Delivery Model

Eligible children and families must have equal access to comprehensive EI services, regardless of geographic location. EI services must be made available to all eligible children, regardless of gender, race, ethnicity, religious beliefs, cultural orientation, economic and educational status, medical diagnosis or disabling condition.

A critical goal of EI is to enhance the capacities of families to meet the developmental needs of their children through information sharing, education, coaching and consultation, development of professional partnerships, and advocacy. The parent consultant program, which employs parents of Children with Special Health Care Needs, enhances opportunities for parent-to-parent support and mentoring. The parent consultant program will work with DHS to help develop and assure family centered, community based, and culturally competent systems of care that are comprehensive, universally accessible and effective.

Each EI provider must utilize evaluation and assessment procedures that are responsive to the unique demographic, cultural, racial, and ethnic characteristics of families served. EI staff and parent consultants adopt, adjust, and monitor best family centered practice in an ongoing process to improve the quality of the EI system.

Additionally, EI services, to the maximum extent appropriate and as determined by the IFSP team, must be provided in natural environments, including the home and community settings in which children without disabilities participate. This also means settings that are natural or normal for the child's age peers who have no disability. Services are delivered elsewhere only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.

Natural environments are the day-to-day settings, routines, and activities that young children learn best in. Parents are involved in helping their children learn. Family members and caregivers can do the actual "hands-on" throughout the day as opportunities arise, with the service providers acting as consultants, teachers, and coaches.

Family centered practice is an essential element and core value of all successful EI services. Families' priorities and strengths are at the center of EI and families are equal partners in the design and delivery of services.

Effectively, benchmarks of family-centered services include:

- Family centered home- and community-based services and supports, which are accessible, comprehensive, and culturally competent must be provided.

- Families of eligible children actively participate in the planning, implementation, and evaluation of family-centered services and systems, including outreach activities.

- Families and their eligible children are assured that their needs are met through inter-provider agreements and contracts for addressing the needs of eligible children and families which assure that policies and practices of all providers are culturally sensitive, family-centered, and maximize natural learning opportunities.

2.0 CERTIFICATION PROCESS

2.1 Submission of Certification Application Required

There is no limit to the number of entities that may become certified as EI Providers. Applications for certification may be submitted by any organization. All EI applicants will be evaluated on the basis of written materials submitted to DHS in accordance with Certification Standards. DHS reserves the right to conduct on-site reviews and to seek additional clarifications prior to final scoring.

Potential applicants may submit applications for certification to DHS any time after the issuance of these Certification Standards. Application reviews will be scheduled periodically by DHS based on receipt of applications. Providers will be notified of their certification status when the review is complete. Applicants should anticipate a minimum of eight weeks for the review process.

Currently certified EI providers must submit an application for renewal no later than October 31st, 2005 in order to be re-certified by December 31st, 2005. Late applications may result in loss of certification. Therefore, currently certified EI providers who do not submit their renewal application by October 31st, 2005 will not be able to provide or bill for EI services beginning January 1st, 2006 until officially recertified by DHS.

2.2 Instructions and Notifications to Applicants

This document sets forth the Certification Standards for EI Providers. In accepting certification from DHS, Certified EI providers agree to comply with these Certification Standards as presently issued and as amended from time to time by DHS, with reasonable notice to providers.

Within these Certification Standards, specific performance standards and expectations are identified. Applications will be scored on the basis of responses to each of these specific standards and expectations. Applications are to address each of these areas in the sequence presented. Applicants are to use the numbering system in these standards to identify the sections being addressed in the application. Incomplete applications will be returned without further review.

Applicants are advised that all materials submitted to the State for consideration in response to these Certification Standards may be considered to be Public Records as defined in Title 38 Chapter 2 of the Rhode Island General Laws.

Interested parties are encouraged to contact the Center for Child and Family Health (CCFH) for further information and clarification. Letters of Interest are strongly encouraged to ensure that DHS is able to keep interested parties up to date regarding scheduled meetings or program clarifications that may be needed. Inquiries and completed applications should be directed to:

Deborah Florio
Administrator, Family & Children's Services
Center for Child and Family Health
Department of Human Services
600 New London Avenue
Cranston, Rhode Island 02920
Phone: (401) 462-3392

Once an EI provider is certified as eligible to provide EI services, the provider must be enrolled with EDS as a provider of these services. If you have any questions about the enrollment form or enrollment process, please call EDS at 1-800-964-6211.

2.3 Information for Interested Parties

Upon initial release of these Early Intervention Certification Standards, DHS staff will be available upon request for informational meetings for those pursuing certification applications. Whenever possible, applicants should submit written requests for information and clarification. In addition, DHS has provided an Application Guide (see Technical Resource Documents) to facilitate the application process.

2.4 Certification

As set forth in these standards, certification as an EI provider is required in order for DHS to reimburse for provision of EI services. Certification requires that providers adhere to these standards and performance expectations, as well as provide periodic reports to DHS. These Certification Standards include certain performance standards.

Subsequent to certification, DHS will monitor the performance of certified EI providers and their continued compliance with certification requirements. Certified providers are required to notify DHS of any material changes in their organization's circumstances or in program operations. On the basis of ongoing monitoring, including review of required reports submitted by certified providers, DHS may identify deficiencies in performance and/or compliance with certification requirements. Based on such review and related communications, certification status may be modified to Provisional Certification. Fully Certified and Provisionally Certified providers will be reimbursed using different rate schedules (see Appendix A for Reimbursement; see Section 2.5, "Continued Compliance with Certification Standards" for a fuller discussion of Provisional Certification).

2.4.1 Possible Outcomes of Certification Review Process

Certification applications will be reviewed and scored based on the degree to which an applicant demonstrates a program that complies with the requirements set forth in these Early Intervention Certification Standards.

Three basic outcomes are possible as a result of the application review process. These are:

- Certification—no conditions
- Certification—with conditions
- No certification

As a result of the review, applications may be deemed in compliance with all requirements and be offered "Certification with no conditions". Alternatively, an applicant may describe a program that meets most of the Certification Standards, but for one reason or another does not fully comply with the certification requirements at the time of application submission. In such case the applicant may be offered "Certification with conditions" and application deficiencies will be identified by the State. The applicant will be required to address them by submitting an amended proposal with specific dates for addressing deficient areas of compliance. This plan must be accepted and approved by DHS.

In other cases the review team may determine that an application does not meet the requirements for certification and certification will not be offered to that provider. Deficiencies in the application will be identified. This will be done without prejudice and interested applicants will be encouraged to address deficiencies and submit an amended application. Certification is not a competitive process limited to a fixed number of providers. Rather, all applicants who demonstrate preparedness to comply with the standards will be certified.

2.4.2 Certification Status and Reimbursement Schedules

Reimbursement for services varies based on certification status. Table 1 lists the possible outcomes of the certification review process and related reimbursement rate schedule.

Table 1: Certification Status and Applicable Reimbursement Schedule	
Certification Status	**Reimbursement Rate Schedule effective**
Certified—no conditions	**Schedule A**
Certification—with conditions	**Schedule A**
Provisional Certification—applies only when a previously certified provider is deemed to be out of compliance with standards; provisional certification status cannot last longer than six months	**Schedule B (services are reimbursed at 85% of Schedule A)**

See Technical Resource Documents for a list of the EI services, related schedules of reimbursement, and qualified personnel.

Additionally, please see Technical Resource Documents for a list of Frequently Asked Questions regarding billing practices.

2.5 Continued Compliance with Certification Standards

Certified EI providers shall comply with these Certification Standards throughout the period of certification. Failure of DHS to insist on strict compliance with all Certification Standards and performance standards shall not constitute a waiver of any of the provisions of these Certification Standards and shall not limit DHS' right to insist on such compliance. DHS will monitor and evaluate providers for compliance with Medicaid and State laws as well as these Standards and DHS regulations and policies pursuant to the management of Early Intervention. Providers are required to complete all fields and screens accurately and completely in the EI data system as outlined in Section 6.8 "Quality Assurance and Monitoring Standards." For purposes of quality assurance reviews, certified and provisionally certified providers will provide access to appropriate personnel and written records by DHS and/or its agents at reasonable times.

Additionally, at least once every three years from the original date of certification, DHS will complete a thorough, on-site review of currently certified providers in order to assure continued compliance with certification standards.

DHS reserves the right to apply a range of sanctions to providers that are out of compliance. These may include:

a) Suspension of new referrals.
b) Change of certification status to Provisional Certification.
c) Recoupment of funds when violations of Medicaid regulations, State law, or DHS policies, including these Certification Standards have taken place.
d) Suspension of certification, depending on severity of violation with transfer of infants and toddlers and their families to another EI provider
e) Referral to appropriate legal authorities.

2.5.1 Provisional Certification

As a result of its review activities DHS may identify deficiencies wherein a provider is not in satisfactory compliance with the certification and/or performance standards. In such instance, DHS will notify the provider in writing of such deficiencies and will set forth a period of time within which the provider must come into compliance and provide a corrective action plan acceptable to DHS. Such corrective action plan will include specific steps to be taken to come into compliance and defined dates for achievement of those steps.

The length of the period set to come into compliance and to have a corrective action plan accepted by DHS will depend on the specific circumstances. In cases, for example, where the safety of a child may be in jeopardy such period may be as short as twenty-four (24) hours; under no circumstances shall the period exceed thirty (30) days from the date of notification of deficiency.

In the absence of a plan acceptable to DHS or in the event of failure to meet the timelines set forth in the corrective action plan, DHS retains the right to modify certification status of the provider to provisional. Provisional Certification will remain in effect until DHS determines that there is, in its judgment, satisfactory resolution of deficiencies. The duration of Provisional Certification status shall not exceed six months at which point continued non-compliance with DHS requirements shall result in de-certification. The foregoing represents DHS' preference to engage in constructive remedial activity where deficiencies may be present. The foregoing shall not, however, limit DHS' rights to de-certify a provider in the event of non-compliance and failure to take responsive action to address deficiencies. Nor does it limit any remedies available to DHS under existing federal and state Medicaid law and policy.

2.6 DHS Responsibilities

DHS has the responsibility to inform appropriate State agencies of any instances of fraud, suspected fraud or misuse of Medicaid funds and professional misconduct.

The EI provider is obligated to comply with all applicable state and federal rules and regulations. Certified EI Providers agree to comply with DHS provider requirements. DHS reserves the right to amend requirements periodically, with reasonable notice to certified EI Providers.

3.0 TARGET POPULATIONS AND REQUIRED EARLY INTERVENTION SERVICES

3.1 Eligibility Determination

3.1.1 Children with Established Conditions (Single Established Condition-SEC):
Children whose early development is influenced by diagnosed medical disorders of known etiology bearing relatively well-known expectancy for developmental outcomes within varying ranges of developmental delays.

Criteria: The child has a physical or mental condition known to impact development, including, but not limited to, diagnosed chromosomal, neurological, metabolic disorders, or hearing impairments and visual impairments not corrected by medical intervention or prosthesis. Evidence of diagnosis must be in the child's record.

The following is a listing of medical diagnoses or established conditions that may impact development including, but not limited to:

Genetic Disorders

Neurocutaneous Syndromes	
Sturge Weber syndrome	759.6
Tuberous Sclerosis	759.5
Inborn Errors of Metabolism	
Organic Acidemias	270.9
ArginoSuccinic Acidemia	270.6
Glycolic Acidemia	271.8
Methylmalonic Acidemia	270.3
Disorders of Lipid Metabolism	272
Very Long Fatty Chain Disorders	
Refsum disease	356.3
Mucopolysaccharidoses	277.5
Hunter Syndrome	
Hurler Syndrome	
Purine/Pyrimidine Abnormalities	
Lesch-Nyhan	277.2
Chromosomal Abnormality Syndromes	
Abnormal Autosomes	758.5
Abnormal Sex Chromosomes	
Klinefelter Syndrome	758.7
Turner Syndrome	758.6
Other specific syndromes:	
Angelman Syndrome	758.9
Apert Syndrome	755.55
Bardet Biedl Syndrome	759.89
CHARGE association	
Multiple Congenital Anomalies	759.7
Cornelia de Lange syndrome	759.89
Dwarfism	
Achondroplasia	756.4
Fragile X	759.83
Jeune Syndrome	756.4
Lissencephaly	742.2
Menke Syndrome	759.89
Muscular Dystrophy (Congenital)	359.0
Noonan Syndrome	759.89
Osteogenesis Imperfecta	756.51
Prader Willi Syndrome	759.81
Rubinstein Taybi Syndrome	759.89
Russell Silver Syndrome	759.89
Smith Lemli Opitz Syndrome	759.89
Pallister-Hall Syndrome	758.9
Trisomy 13	758.1
Trisomy 18	758.2

Trisomy 21 (Down)	758.0
Weaver syndrome	758.9
Williams syndrome	758.9

Sensory Impairments

Abnormal Auditory Perception, Unspecified	388.40
Agenesis	742.2
Albinism	270.2
Auditory Discrimination	388.43
Blindness	
"legal" blindness:	369.4
20/200 visual acuity uncorrected or	
20/70 with best correction)	
Conductive Hearing Loss (40dB loss or greater)	389.9
Cortical Blindness	377.75
Enophthalmos, NOS	376.50
Enophthalmos due to trauma	376.52
Low Vision/Better Eye Moderate Impairment	369.23
Microphthalmos, NOS	743.10
Sensorineural Hearing Loss	389.1
Unspecified Visual Loss	369.9

Motor Impairments

Arthrogryposis, multiplex congenital	728.3
Acquired/postural scoliosis, severe	737.30
Congenital scoliosis, severe	754.2

Neurologic Disorders

Brain Malformations or Cerebral Dysgenesis	
Agenesis of the Corpus Callosum	742.2
Anencephaly	740.0
Arnold Chiari Malformation Type II	741.00
Holoprosencephaly	742.2
Hydrocephalus (congenital or acquired)	
Acquired	331.4
Congenital	742.3
Microcephaly	742.1
Porencephalic cyst	742.4
Syringomelia	336.0
Congenital Hypoventilation	786.09
Cerebral palsy (CP, all types)	
Cerebral Palsy, Not Elsewhere Classified	343.8
Cerebral palsy, Not Otherwise Specified	343.9
Congenital/infantile/spastic CP	343.9
Athetoid CP	333.7
Diplegic CP	343.0
Hemiplegic CP	343.1
Monoplegic CP	343.3
Paraplegic CP	343.0

Quadriplegic CP	343.2
Cerebro-vascular Accident/Stroke (CVA)	436
Degenerative Progressive Neurological Conditions	
Encephalopathy	
Not Otherwise Specified	348.3
Kernicterus	
due to isoimmunization	773.4
not due to isoimmunization	774.7
Neural Tube Defects	
Spina bifida with hydrocephalus	741.0
Meningomyelocoele	741.9
Periventricular Leukomalacia	779.7
Seizures (poorly controlled and uncontrolled)	
Seizure disorder (repetitive, recurrent)	780.39
Spinal Muscular Atrophy type 1(Werdnig Hoffman)	335.0

Socio-Communicative Disorders

Autism Spectrum Disorders	299
Asperger Syndrome	299.80
Autistic Disorder	299.00
Childhood Disintegrative Disorder	299.10
Pervasive Developmental Disorder, NOS	299.80

Other Infant Psychiatric Conditions

Reactive Attachment Disorder	313.89
Unspecified Mental/Behavioral Problems	V40.9
Disorder of Infancy NOS	V61.2
Oppositional Defiant Disorder	313.81
Attention Deficit/Hyperactivity Disorder NOS	314.9
Feeding Difficulties and Management	783.9
Pica	307.52
Rumination Disorder	307.53
Feeding Disorder	307.59

Medically Related Disorders

Cleft Palate	749.0
Craniosynostosis w/ an associated syndrome	
Craniosynostosis	756.0
AIDS /HIV (+)	042
Hypoplastic Left Heart Syndrome	746.7
Lung Hypoplasia	748.5
Pulmonary Atresia	746.01
Respiratory Insufficiency/Oxygen dependency	
Respiratory insufficiency	518.82
Severe Burns	
3rd degree	949.3
Deep 3rd degree	949.4
Very Low Birth Weight (birth weight <1500g or 3 lbs 15 oz)	

>500g	765.01
500-749g	765.02
750-999g	765.03
1000-1249g	765.14
1250-1499g	765.15

Acquired Trauma Related Disorders

Traumatic Brain Injury	
Subdural hemorrhage	852.2
Unspecified intracranial hemorrhage	853.0
Spinal Cord Injury	952.9

Prenatal Influences:

Prenatal exposures	
Fetal Alcohol Syndrome	760.71
Fetal Phenytoin (Dilantin) Syndrome	760.70
Prenatal infections	
Congenital Toxoplasmosis	771.2
Congenital Rubella	771.0
Congenital CMV (Cytomegalovirus)	771.1
Congenital Herpes	771.2
Congenital Syphilis w/ manifestations	090.0
Perinatal events	
Severe birth asphyxia, Not Otherwise Specified	768.9
Chronic lung disease due to prematurity	
Respiratory distress syndrome, severe	769.

3.1.2 Established Developmental Delays: Children who, during the period of infancy, or more commonly in the second year of life, begin to manifest developmental delays, often of unknown etiology.

Criteria: The child exhibits a delay in one or more areas of development (that is, 2 standard deviations below the mean in one area of development, or 1.5 standard deviations below the mean in two or more areas of development, or if using developmental age or age equivalents, a delay greater than or equal to 33% in one area or 25% in two or more areas of development.)

The areas of development considered are (1) cognitive development, (2) physical development (including vision and hearing), (3) communication development, (4) social and emotional development, and (5) adaptive development.

In the developmental assessment of premature babies, the child's corrected age should be used until the child reaches a chronological age of 30 months.

If a child's delay is 1.5 standard deviations in 2 "subdomains" (e.g. gross motor and fine motor or receptive language and expressive language), then it is up to the evaluation/assessment team to use informed clinical opinion to determine if the delays are significantly impacting the child's functioning. A clear description of how the child's delays impact functioning and participation in daily routines and activities warrants

eligibility for EI services. If there is no significant impact on the child's functioning, then the child is not eligible for services.

- **Informed Clinical Opinion**: A child who does not meet the above criteria for developmental delay based on standardized test scores or for whom no single established condition is present can be deemed eligible based on the professional judgment of a multidisciplinary team. When a child is deemed eligible by informed clinical opinion, the IFSP team shall review the child's progress in 6 months and determine whether additional evaluations/assessments should be completed. This may include either a multidisciplinary team evaluation and/or a referral for an outside evaluation (medical/diagnostic) as well as an updated developmental assessment by the EI team as part of the progress review. The team must decide whether or not this child will remain eligible for the next six months based on the informed clinical opinion or whether there is sufficient evidence to establish eligibility under another condition or whether or not to discharge the child.

  Informed clinical opinion should be used for those children who have received a comprehensive evaluation and assessment and who, on the basis of expert judgment by members of the evaluation team, manifest significant and observable atypical behaviors, which warrant EI services. Atypical behaviors may include difficulties in attachment and interaction with primary caregivers and family members, chronic feeding and sleep disturbances, precipitous changes in rate of development, difficulties with self-regulation, injurious behavior to self or others, as well as inappropriate or limited ways of engaging and/or forming relationships with peers or adults. Descriptive and specific documentation in the IFSP is required in order to justify the concern of the team and the need for EI services.

3.1.3 Children with Multiple Established Conditions – (MEC): Children with a history of prenatal, perinatal, neonatal, or early life events suggestive of biological insults to the developing central nervous system which, either singularly or collectively, increase the probability of later atypical development; and children whose early life experience, including maternal and family care, nutrition, opportunities for expression of adaptive behaviors, and patterns of physical and social stimulation are of concern to the extent that they impart high probability for delayed development.

Criteria: As a guideline, the identification of any one child characteristic and three additional characteristics would qualify a child for EI services. Evidence of these characteristics should be documented in the child's record and the EI data system along with appropriate goals and treatment strategies as determined by the IFSP team.

Child Characteristics:

Note: Characteristics 1-5 below apply only to children whose chronological age is under 18 months. Parent report may be used to identify characteristics 1-5 for initial eligibility; however, it is expected that birth or medical records will be obtained to substantiate these characteristics.

1. Gestational Age: The gestational age of the child is less than 32 weeks or more than 44 weeks.

2. NICU Admission: Applies to a child with a stay in the Neonatal Intensive Care Unit of more than 72 hours

3. APGAR score: The child's APGAR score was less than 6 at one or five minutes.

4. Total Hospital Stay: The total number of days as an inpatient in a hospital or extended-care facility exceeds 25 days in a six-month period. NICU admissions for premature babies are excluded for characteristic.

5. Intrauterine Growth Retardation/Small for Gestational Age: Diagnoses at birth of Intrauterine Growth Retardation (IUGR) or Small for Gestational Age (SGA).

6. Growth Concerns: One of the following conditions is fulfilled: (Measurements should be used on appropriate growth charts approved by the National Center for Health Statistics)

    a. Weight for age or height for age or weight for height is less than the 5th percentile.

    b. Weight for age has dropped two or more major centiles in three months if the child is under 12 months of age or has dropped two or more major centiles in six months if the child is 12 to 36 months of age. A major centile is defined as the major percentiles (5, 10, 25, 50, 75, 90, 95) on the Physical Growth Chart adopted by the National Center for Health Statistics.

7. Chronic Feeding Difficulties, such as:
    a. Severe colic
    b. Refusal or inability to eat
    c. Stressful or intensely conflicted feedings
    d. Failure to progress in feeding skills
    e. Severe obesity, as diagnosed by a medical doctor

8. Venous blood Lead level greater than or equal to 15 per micrograms/deciliter

(Note: The following conditions may be associated with Central Nervous System Abnormalities.)

9. Infection: sepsis HIV (+)-indeterminant infection and/or maternal infection during pregnancy with known effect on fetal development

10. Trauma: intracranial hemorrhage, subdural hematoma

11. Metabolic: seizures associated with electrolyte imbalance, neonatal hyperbilirubinemia (greater than 20 mg/dl), acidosis

12. Asphyxia: prolonged or recurring apnea, aborted SIDS, suffocation, hypoxia, meconium aspiration, near drowning

13. Exposure to noxious substances in utero, including prenatal drug and alcohol exposure

The following clinical findings are also factors to be considered:

14. Abnormal muscle tone

15. Abnormal sleep patterns/disturbances

16. Persistence of multiple signs of sensory impairment or less than optimal sensory and motor patterns, including hypertonicity and over-reaction to auditory, visual or tactile input

17. Respiratory Distress Syndrome

18. Insecure Attachment/Interactional Difficulties: The child appears to have trouble with social relationships, has symptoms of depression, or indiscriminate aggressive behavior. In most contexts, insecure attachment in infants and toddlers is evidenced by behavior such as persistent failure to initiate or respond to social interactions, fearfulness or fearlessness that does not respond to comforting by caregivers, or indiscriminate sociability.

19. Multiple Trauma/Losses: A child has experienced a series of traumas or extreme losses that may impact on the care and/or development of the child. This characteristic includes a child with a confirmed history of abuse or neglect and/or multiple placements outside the biological home.

20. Mild Developmental Delay: Delay between 1.5 and 2.0 standard deviations below the mean in one area or less than 1.5 standard deviations below the mean in two or more areas.

21. Medical Diagnoses with Associated Risk: If a medical diagnosis is present and the child has an identified delay equal or greater to 1.5 SD below the mean in any developmental area, then the child should be deemed eligible under Multiple Established Conditions.

The following is a listing of medical diagnoses that may impact development (with a lesser probability than those conditions listed as Established Conditions), including, but not limited to:

Genetic Disorders

- DiGeorge Syndrome
- Goldenhar Syndrome
- Moebius Syndrome
- Pfeiffer Syndrome
- Pierre-Robin Syndrome
- Treacher Collins Syndrome
- Vater Association

Sensory Impairments

- Chronic Otitis Media (for more than six months)
- Chronic Middle Ear Effusion (for more than six months)

Motor Impairments

- Brachial Plexus Palsy
- Hand Deformity
- Limb Deformity
- Missing Limb
- Torticollis

Childhood Malignancies
- Astrocytoma
- Leukemia
- Neuroblastoma
- Retinoblastoma

Neurologic Disorders
- Erbs Palsy

Other Medical Disorders
- Cleft Lip Complete
- Complex Cyanotic Heart Disease
- Craniosynostosis
- Cystic Fibrosis
- Esophageal Atresia
- Juvenile Rheumatoid Arthritis
- Laryngomalcia
- Severe Malabsorption
- Sickle Cell Disease
- Tracheoesophageal Fistula/TEF

Family Characteristics

Family Characteristics are factors present at the time of the evaluation and assessment used to determine eligibility. Under family characteristics, "Parent" is defined as (1) a natural or adoptive parent of a child; (2) a guardian; (3) an individual acting in the place of a parent (such as a grandparent or stepparent with whom the child lives, or a person who is legally responsible for the child's welfare); or (4) a surrogate parent who has been assigned in accordance with IDEA Sections 615(b)(2) and 639(a)(5) and Section 4.6.6 of these Certification Standards. Under MEC, characteristics must be documented in the child's record along with appropriate goals and treatment strategies as determined by the family.

1. Parental Age: The age of the parent at the time of the child's birth was less than 18

2. Maternal Parity: If the mother has given birth to three or more children before the age of 20.

3. Parental Education: The educational level of the parent is 12th grade or less at the time of the eligibility evaluation.

4. Parental Chronic Illness or Disability: One parent has a diagnosed chronic illness or sensory (including vision and/or hearing), mental, or developmental disability which is likely to impact the child's development or have an impact on care giving ability.

Examples of this characteristic may include affective disorders (e.g., depression), schizophrenia, and cognitive limitations.

5. Family Lacking Social Supports: The family is geographically or socially isolated and in need of social services.

6. Family Lacking Adequate Food, Clothing, or Shelter: The lack of food, clothing, or a stable housing arrangement causes life stress for the family.

7. Open or Confirmed Protective Service Investigation: The family has an open protective service file with the Department of Children, Youth and Families, or is in the period of investigation of child abuse or neglect, or had its file closed by DCYF in the last three months. A family who is receiving voluntary services from the Department of Children, Youth and Families may also meet this characteristic.

8. Parental substance abuse

9. No or inadequate prenatal care: The mother received no prenatal care prior to the fifth month of pregnancy.

3.1.4 Eligibility Categories

Due to the importance of data collection in the EI system, there are established procedures that should be followed when assigning the most appropriate eligibility condition for every EI infant and toddler. Single Established Condition (SEC) should be given priority over Development Delay (DD) while DD is given priority over Multiple Established Condition (MEC). An infant or toddler who meets the criteria for both SEC and DD should use SEC as the condition for eligibility. Once a child qualifies under SEC, this should be the condition used for eligibility throughout his/her EI involvement. Similarly, children who qualify under MEC should change their eligibility later on to SEC or DD if applicable.

3.2 Required Early Intervention Services

Certified EI providers must ensure that families have access to the 16 services required by IDEA, when such services are identified within the context of the IFSP. All services provided must be consistent with IDEA and these Certification Standards. Certified providers have several options for demonstrating the capacity to fulfill this obligation. Providers may use staff employed by the agency, individuals contracted directly by the agency, other providers contracted by the EI provider, interagency contracts, and by referrals to and coordination with appropriate community providers. DHS strongly encourages contracts with providers who are able to provide services in a variety of natural environments in order to meet the requirements of IDEA 2004.

The following **"EI services"** are defined in Sections 632(4) of IDEA 2004:

"Assistive technology device" means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, used to increase, maintain, or improve the functional capabilities of children with disabilities.

"Assistive technology service" means a service that directly assists a child with disabilities in the selection, acquisition or use of an assistive technology device, and includes:

- Evaluation of a child's needs, including a functional evaluation of the child in the child's customary environment
- Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing assistive technology devices
- Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitative plans and programs
- Training and technical assistance for a child with disabilities or, if appropriate the child's family
- Training and technical assistance for professionals (including individual providers of EI services) or other individuals who provide services to or are substantially involved in major life functions of individuals with disabilities

"Audiology" includes:

- Identification of children with audiological impairment using criteria and appropriate audiologic screening techniques;
- Determination of the range, nature, and degree of hearing loss and communication functions by use of audiological evaluation procedures;
- Referral for medical and other services necessary for habilitation or rehabilitation of children with auditory impairments;
- Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
- Provision of services for prevention of hearing loss; and
- Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating effectiveness of those devices.

"Family training" "counseling" and **"home visits"** means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of an eligible child in understanding the special needs of the child and enhancing the child's development.

"Health Services" means services necessary to enable a child to benefit from other EI services during the time the child is receiving the other EI services. The term includes such services as clean, intermittent catheterization, tracheotomy care, tube feeding, the changing of dressings or

colostomy collection bags and other health services; and consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other EI services.

The term does not include services that are:

- Surgical in nature (e.g., cleft palate repair, surgery for club foot or the shunting of hydrocephalus); or purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose).

- Devices necessary to control or treat a medical condition.

- Medical health services (such as immunization and regular "well baby care") that are routinely recommended for all children.

"Medical services only for diagnostic or evaluation purposes" means services provided by licensed physicians to determine a child's developmental status and need for EI services.

"Nursing services" includes:

- Assessment of health status for the purpose of providing nursing care, including identification of patterns of human response to actual or potential health problems

- Provision of nursing care to prevent health problems, restore or improve functioning and promote optimal health and development

- Administration of medications, treatments, and regimens prescribed by a licensed physician

"Nutrition services" includes:

- Conducting individual assessments in: nutritional history and dietary intake; anthropometric, biochemical, and clinical variables; feeding skills and feeding problems; and food habits and food preferences

- Developing and monitoring appropriate plans to address nutritional needs of eligible children based on assessment finding

- Making referrals to appropriate community resources to carry out nutrition goals

"Occupational therapy" includes services to address functional needs of a child related to: adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings and include:

- Identification, assessment, and intervention

- Adaptation of the environment and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote acquisition of functional skills

- Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability

"Physical therapy" includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:

- Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction

- Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems

- Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems

"Psychological services" includes:

- Administering psychological and developmental tests and other assessment procedures

- Interpreting assessment results

- Obtaining, integrating, and interpreting information about child behavior and child and family conditions related to learning, mental health, and development

- Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs

"Service coordination services" means assistance and services provided by a service coordinator to an eligible child and child's family that is in addition to the functions and activities as specified in "service coordination"

"Service Coordination" means the activities carried out by a service coordinator to assist and enable a child eligible under Part C and the child's family to receive the rights, procedural safeguards, and services authorized under the State's Early Intervention System. Service coordination is an active, ongoing process that involves:

- Assisting parents of eligible children in gaining access to the EI services and other services identified in the individualized family service plan

- Coordinating the provision of EI services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided

- Facilitating the timely delivery of available services

- Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility

Specific service coordination activities include:

- Coordinating the performance of evaluations and assessments

- Facilitating and participating in the development, review, and evaluation of individualized family service plans

- Assisting families in identifying available service providers

- Coordinating and monitoring the delivery of available services

- Informing families of the availability of advocacy services

- Coordinating with medical health provider

- Facilitating the development of a transition plan to preschool services, if appropriate

Each eligible child and the child's family must be provided with one service coordinator who is responsible for:

- Coordinating all services across agency lines

- Serving as the single point of contact in helping parents to obtain the services and assistance they need

- Service Coordinators may be employed or assigned in any way permitted under State law as long as it is consistent with Part C requirements. Service Coordinators must be persons

    - Trained and practicing in a profession most immediately relevant to the child's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities), who will be responsible for the implementation of the IFSP and coordination with other agencies and persons

    - Professionals who have demonstrated knowledge and understanding about: eligible infants and toddlers; Part C of the Individual with Disabilities Education Act and the regulations; the nature and scope of services available under the State's Early Intervention System, the system of payments for those services and other pertinent information

- The State's policy and procedures for implementation of EI services must be designed and implemented to ensure service coordinators are able to carry out the above listed functions and services on an interagency basis

"Social work services" includes:

- Making home visits to evaluate a child's living conditions and patterns of parent-child interactions
- Preparing a social or emotional developmental assessment of the child within the family context
- Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents
- Working with those problems in a child's and family's living situation (home, community or any center where EI services are provided) that affect the child's maximum utilization of EI services
- Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from EI services

"Special instruction" includes:

- The design of learning environments and activities that promotes the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction
- Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan
- Providing families with information, skills, and support related to enhancing skill development of the child
- Working with the child to enhance the child's development

"Speech-language pathology" includes:

- Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills
- Referral for medical or other professional services necessary for habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills

- Sign language and cued language training

- Provision of services for the habilitation, rehabilitation or prevention of communicative or oropharyngeal disorders and delays in development of communication skills

"Transportation and related costs" includes the cost of travel (e.g., mileage, or travel by taxi, common carrier or other means) and other costs (e.g., tolls and parking expenses) necessary to enable an eligible child and the child's family to receive other EI services.

"Vision services" means:

- Evaluation and assessment of visual functioning, including diagnosis and appraisal of specific visual disorders, delays, and abilities

- Referral for medical or other professional services necessary for habilitation or rehabilitation of visual functioning disorders, or both

- Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities

3.3 Contracted EI Services

When a provider uses contracting as a mechanism for meeting their obligation to meet the capacity for the services outlined in law and regulation, then the following procedures must be followed for providers to receive reimbursement from commercial insurance companies, (as required under the Insurance Mandate, Article 22), DHS and/or Medicaid:

1. Written dated contracts and/or Memoranda of Agreement (MOA) must be in place between the EI provider and appropriate parties so that the EI provider can demonstrate ongoing capacity to deliver all required EI services. When contracts are developed to meet the requirement to provide these services, then the contracted party must be entered into the EI data system. Parties contracted by full service EI providers must be appropriately certified or licensed and appropriately trained to deliver the services for which they are contracted (i.e. pediatric experience).

2. If at the time of referral it appears as though the child and family may benefit from the expertise of a professional for the delivery of a required service, but that professional is not on the staff of the EI provider, the EI provider will identify an appropriate service provider, including EI specialty providers. Regardless of payment source for such a provider, the following practices are expected:

    - With family consent, the child's Service Coordinator shall have the responsibility of coordinating the scheduling of all EI evaluations/assessments, IFSP meetings, IFSP review meetings, and transition meetings with that service provider, the family, and other members of the family's IFSP team. This is to ensure that all appropriate parties are present or that other means for sharing the information is provided. This is to ensure that all relevant information is considered when making eligibility and IFSP decisions.

- With family consent, copies of all EI generated evaluation/assessments, IFSP's, IFSP reviews/updates, transition plans, and other information in the EI file, including service rendered forms should be shared after the referral has been accepted. Copies of information generated by the expertise of the professional should be included in the EI file.

3. All certified providers must take the appropriate steps to secure third party payment for all services delivered through the EI system. Payment/billing procedures should be included in contracts and MOAs, as appropriate. In all cases, it must be clear that DHS is the payer of last resort. All services provided must be entered in the EI data system.

4. In accordance with IDEA (Sec.303.321) all primary referral sources, including all contracts and MOAs between EI providers and other agencies who provide services to children under the age of three are required to include a statement regarding a referral to the EI system within two (2) working days for children who have been identified as being in need of an EI evaluation for the purposes of eligibility determination. Alternatively, it may be documented that parents were given information regarding EI and either chose to self-refer or decline the EI referral

5. The EI system will not assume the responsibility of payment for any service, with the exception of evaluation, delivered to a child until the child is determined to be eligible for EI, appropriate goals have been developed, and the service has been determined to be necessary to the obtainment of goals within the IFSP or the interim IFSP. If a service provider joins the IFSP team through an MOA and if their participation is funded by a source of revenue other than the EI fee-for-service system, then the EI provider may not bill for their participation in these activities. Additionally, the EI system will only pay for services when it is clear that there is no other funding source for the service.

6. At the EI provider's discretion, if a service provider who is not a member of the EI provider's staff meets the definition of qualified personnel and participates in an evaluation/assessment and the development of the IFSP, he/she may be considered as the second person required for the evaluation/assessment.

3.4 Early Intervention and Collaboration with Community Services and Supports

DHS' view of effective community collaboration extends to building and utilizing appropriate community services and supports for young children and their families. EI is one link in such a network. Other links may include: Family Outreach Programs/VNA; CEDARR Family Centers; (Comprehensive, Education, Diagnosis, Assessment, Referral, and Re-evaluation for Children with Special Health Care Needs) Child and Adolescent Service System Program (CASSP); primary care physicians; Women, Infants and Children (WIC); RIte Care and services provided under commercial health plans; Department of Human Services Programs; Head Start/Early Head Start Programs; Local Education Agencies (LEAs); and child care providers.

At a minimum, EI providers must be able to demonstrate receiving and making referrals to appropriate community services and supports. Those children who are evaluated and found ineligible for EI services will be referred to appropriate programs that will benefit the child and

family, such as Early Head Start, etc., given family consent. Once the referral is made, it is the responsibility of the EI service coordinator to assure appropriate follow-up. Technical assistance regarding community services and supports will be available through training sponsored by DHS. Referrals to community services and supports will be entered into the EI data system.

When community services and supports are identified in a child's IFSP, the EI provider is responsible for demonstrating service coordination with that agency or program. Other activities, such as consulting to an agency, may also be appropriate when included in the IFSP in order to ensure the appropriate modifications or accommodations have been made to assure maximum participation by the child in that agency's program. This would be included under the category of "other" on the IFSP.

Each community has unique programs and supports available. Such programs and supports may be available through libraries, churches, community centers, local social service agencies, hospitals, etc. It is the responsibility of EI providers to develop knowledge of such community supports and facilitate families in accessing them.

If a child is placed in a community setting in order to meet an IFSP goal, then the means by which EI will provide support to that setting must be delineated in a general MOA that is developed between EI and the community setting. The specifics regarding the strategies to facilitate the child's involvement in the community setting will be defined in the IFSP, as well as the payment source if one is indicated.

Building community networks often involves interacting with other community agencies or organizations around community issues, ideas or projects that are not directly related to an individual child and thus are not directly billable. As participation in such interactions ultimately benefits children and their families, EI providers have a responsibility to engage in community activities.

In addition, EI providers must participate in activities to build public awareness about the Early Intervention system and to build relationships with community agencies. This may be done, for example, through presentations to local child care settings, collaboration in a play group with local Parents as Teachers Program, serving on a Board for Head Start, as outreach to a local parent group, etc. Participation in all public awareness activities must be documented and available for the DHS review. Community participation will be considered as a key factor in the certification process. Technical assistance around public awareness is available through DHS.

3.4.1 Early Intervention and CEDARR Collaboration

All CEDARR Family Centers (CEDARR stands for **C**omprehensive, **E**valuation, **D**iagnosis, **A**ssessment, **R**eferral and **R**eevaluation) provide information and support services to families of Children with Special Health Care Needs. Linking families to appropriate resources (e.g., clinical specialists or services) and providing time-limited care coordination are central aspects of the CEDARR system of care.

The CEDARR Program Initiative includes two broad delivery system components:

- CEDARR Family Centers, and

- CEDARR Certified Direct Services (e.g., Home Based Therapeutic Services (HBTS), Kids Connect, formerly known as Therapeutic Child and Youth Care, and Personal Assistance Services and Supports (PASS)).

The CEDARR Family Center Certification Standards more fully describe the role of the CEDARR Family Centers and the related Certification Standards. They are available on line on the DHS website reached at www.dhs.ri.gov

CEDARR Direct Services are specific services developed pursuant to the CEDARR Initiative and available to Medicaid beneficiaries when included as part of an approved CEDARR Family Center Family Care Plan. Development of CEDARR Direct Services is based on two principles:

1) Identification of current service needs and gaps in health care services for children and families with special health care needs; and

2) Establishment and operation of an accountable system for the purchase of appropriate, high quality services to meet those needs.

The CEDARR Family Centers are intended to serve as "family-centered, comprehensive sources of information, clinical expertise, connection to community supports, and assistance to aid the family". The CEDARR Family Centers will be required to coordinate their efforts with Early Intervention Providers and the Early Intervention Providers are required to coordinate their efforts with the CEDARR Family Centers and these efforts must be documented in both the IFSP and CEDARR Family Center's Family Care Plan (FCP).

CEDARR Family Centers will be integral to the successful integration of the Early Intervention System into DHS' ongoing programs and initiatives following its transition from HEALTH. When an EI provider and a CEDARR Family Center are concurrently involved with a family, there must be ongoing communication and collaboration to ensure a seamless and comprehensive system for families of Children with Special Health Care Needs.

CEDARR Family Centers and EI providers are required to make appropriate referrals and coordinate with each other.

3.4.2 Collaboration between EI Certified Providers and EI Specialty Providers

EI Specialty providers are agencies that DHS' has agreements with in order to assure the provision of services that meet the specialized needs of children and families, such as Autism Spectrum Disorders, Mental Health services, Vision and Hearing services. Certified EI providers must refer to EI specialty providers when indicated based on child and family needs, given parental consent. The child's multidisciplinary team evaluation/assessment and IFSP should accompany the referral to the specialty provider.

Once the referral has been accepted by the specialty provider, the child's EI service coordinator and designated staff from the specialty program must schedule a co-visit with the family. The purpose of this co-visit is to clearly identify how the specialty provider will address the needs identified in the referral. It is expected that certified and specialty providers will collaborate continually through the exchange of information. Services provided by the specialty provider must be documented in the IFSP and entered into the EI data system.

The EI service coordinator will be responsible for the coordinating the scheduling of all activities with the specialty provider and the family to maximize communication. When a specialty provider participates in the provision of an EI service, he/she is considered part of the multidisciplinary team. The certified EI provider ***and*** the Specialty provider must bill individually for their respective staff members who are providing each service and each must enter data into the EI data system.

Specialty providers can participate in and bill for the following:

- Evaluation
- Assessment
- IFSP Development
- IFSP Review
- Specialty services applicable to needs of the populations being served (as determined by DHS*)
- Transition

*MOAs with Specialty providers are not required. However, DHS has separate agreements with each Specialty provider to determine what specialty services are billable.

If a child is referred to a specialty provider, and is not enrolled in a certified EI provider site, the specialty provider will obtain parental permission to make a referral to a certified EI provider within two days.

3.4.3 Early Intervention and Collaboration with Parent Consultant Program

Families are encouraged to actively participate in all Early Intervention services as their participation is an important factor in each child's progress. Supports and services are coordinated through a partnership between families and professionals. Complete and accurate information is provided to families in a supportive manner on a regular basis. Racial, cultural, and family differences are recognized, respected and honored.

EI providers must have a Parent Consultant on staff that is hired, trained, supervised and supported through a contractual agreement held by DHS.

Every Early Intervention provider must have at least one parent consultant per 250 children enrolled in EI. Each parent consultant has had a personal experience with an Early Intervention provider. They are able to provide interested families with resources, support, information, opportunities to connect with other families in the system, ways to get involved and workshops about a variety of topics. Parent Consultants work closely with EI staff to enhance the program by providing the "family perspective". Their role becomes especially important to many families as families prepare to transition out of EI. Parent Consultants also survey families about their experience in EI so they can provide direct feedback to providers and DHS. The information gathered will assist each certified provider, as well as DHS in identifying opportunities for improvement.

3.4.4 Early Intervention and Collaboration with the 'Medical Home'

A medical home provides health care services that are accessible, family-centered, continuous, and culturally competent.

It is the responsibility of a certified EI provider to collaborate with a child and familys' medical home or to work with a family to establish a medical home. EI providers must communicate with primary health care providers around desired outcomes of evaluation, assessment, and services provided. A commitment to share information is required by EI providers in order to enhance quality of services delivered to the child and family.

4.0 REQUIRED COMPONENTS OF STATEWIDE EI SYSTEM

In an effort to maintain and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system of EI services for infants and toddlers with disabilities and their families, DHS requires certified EI providers to demonstrate capacity to implement the EI system components introduced in this Section.

4.1 Public Awareness

Public awareness is an ongoing, systematic approach to communication with the general population, primary referral sources, and families for the purpose of raising their understanding of the community supports and services available to all eligible children and families. The goal of public awareness is to increase knowledge of the state's EI system, provide information regarding early indicators of children who may be eligible for EI system, describe available services including evaluation services, describe and publicize the Central Directory, and present referral procedures for children and families suspected of being in need of EI.

A public awareness committee with collaborative membership, DHS staff, ICC representatives, RIPIN and EI providers will work to address these responsibilities through numerous activities including:

- Development of improved and streamlined EI materials containing child find information to be distributed in public areas
- Requirements for EI providers to report current public awareness activities specific to EI system
- Outreach/education efforts to the physician/pediatrician community

Additionally, all public awareness activities complement, reinforce, and coordinate those procedures used by the Family Outreach Program (FOP) to convey information about universal screening, child care information, health care options/benefits, as well as linkages between child and family needs and community-based resources. The Parent Consultant program provides an additional opportunity for dissemination of EI communication materials and programmatic information.

Specific details and required elements of the Public Awareness component are further described in Section 5.1.

4.2 Comprehensive Child Find

All infants and toddlers in Rhode Island determined eligible for EI shall be promptly and accurately identified, located and referred. To ensure the identification of all EI eligible children, including Indian children residing on a reservation within the state, infants and toddlers who are homeless, and those who are wards of the state, multiple community linkages and avenues into EI are essential. These linkages include CEDARR Family Centers, RIte Care, Head Start/Early Head Start, and Universal Newborn Screening, Vulnerable Infant Program (VIP), and direct referrals from many sources, including Family Outreach Programs (FOP), pediatricians, hospitals, and families themselves.

Specific details and required elements of the Child Find component are further described in Section 5.2.

4.3 EI Personnel

With respect to ensuring staff competency, the EI provider shall have policies and procedures in place for all employees consistent with DHS certification. This requires that:

1) Licensed and certified professionals conform to continuing education requirements specified by their respective credentialing bodies
2) Educational backgrounds and experience align with position qualifications
3) Appropriate training and agency orientation sessions are completed
4) Recent employment experience is relevant for target population
5) Employment background checks, Background Criminal Investigations (BCIs) and CANTS are performed for all potential employees.

Specific details and required elements of the EI Personnel component are further described in Section 5.3.

4.4 Evaluation and Assessment

The purposes of the evaluation and assessment process include eligibility determination, the gathering of information for planning purposes as well as answering a family's questions regarding their child's development. Multidisciplinary team members are chosen based on the areas of developmental concern and families questions. For each initial evaluation and assessment, evidence based practice dictates that at least two members of a multidisciplinary team and a family member must actively participate in the process. Members of the multidisciplinary team may conduct evaluations and assessments during separate visits only when considered necessary and appropriate by the team, including the family. In all circumstances, written prior notice is required and must be documented in child's record, see Section 5.3.7.2 for Prior Written Notice Procedures. EI providers shall ensure that evaluations and assessments are implemented in collaboration with other agencies where relevant.

Measures used must provide information about the child's level of functioning in each of the following areas: cognition, physical development, including vision and hearing; communication; social and emotional development and adaptive development. Emphasis must be placed on assessing and describing the child's participation in family routines and everyday activities, and not merely his/her testing performance.

4.4.1 Definitions

"Evaluation" means the procedures used by qualified personnel to determine a child's initial eligibility for EI services. Many factors, including family factors, with family consent, are used in determining eligibility. The evaluation includes determination of the child's level of functioning in each of the following developmental areas: cognition, physical development (including vision and hearing), communication, social and emotional development and adaptive development.

"Child Assessment" refers to the initial and ongoing procedures used by qualified personnel throughout the child's eligibility period for EI to identify the child's unique strengths and needs and the services appropriate to meet those needs. This assessment along with the family assessment, when available forms the basis for the goals and outcomes development in the IFSP.

"Family Assessment" means a family assessment, conducted with the voluntary consent of the parent(s). A family assessment, conducted by personnel trained to use appropriate methods and procedures, may identify the needs of the family as related to appropriately supporting the development of the child. This includes the family's description of its resources, priorities, and concerns. It also identifies the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child. To gather this information, a variety of methods may be used by multidisciplinary teams (e.g., family self-report questionnaires, structured interviews, informal discussions, etc). This process could also include information about community services and supports to meet non-developmental family needs.

Specific details and required elements of the Evaluation and Assessment component are further described in Section 5.4.

4.5 Individualized Family Service Plan (IFSPs)

The State of Rhode Island assures that each eligible child and family will receive evaluation and assessment, IFSP development and implementation, service coordination and procedural safeguards. For each child evaluated for the first time and determined eligible for EI services, a family assessment and an initial IFSP meeting with required participants including service coordinator, evaluation/assessment staff, family and others as requested by family, should be held no later than forty-five (45) days after referral. Written prior notice is required and must be documented in the child's record.

The family and appropriate qualified personnel providing EI services must develop the IFSP jointly. The IFSP is based on the multidisciplinary evaluation and assessment of the child and family and includes services as defined in Section 3.2 and based on scientific research to the extent practicable, necessary to enhance the development of the child and the capacity of the family to meet the needs of the child.

Specific details and required elements of the IFSP component are further described in Section 5.5.

4.6 Transition

All EI providers must adopt procedures to ensure a smooth transition for children from EI to Local Education Agency (LEA) and/or appropriate community services and supports. Optimally, this process begins with an overview of transition when the child is determined eligible for EI services. Parent education and parent-to-parent support must be provided regarding the general transition process when child is enrolled in EI. At 24 months, each family must be given a copy of "Transition from Early Intervention: A Family Guide".

When the child is 28 months old, a certified EI provider is required to notify the Local Educational Authority (LEA). Parental consent for referral to other community services and supports is requested by the service coordinator and once received is sent to the appropriate agencies.

Additionally, ALL Medicaid eligible children, with parental consent, must be referred to a CEDARR Family Center at 30 months of age.

Parents will be informed that eligibility for EI and for special education are different and that not all children receiving EI services are eligible for preschool special education services. However, since eligibility for special education is not yet known and since all families should be connected to appropriate community services and supports, a transition-planning meeting will be held for all families. It is the responsibility of EI providers to help families access all available resources and to establish a transition plan including steps to exit from the system, regardless of whether or not a child is eligible for preschool special education services.

The EI service coordinator must make reasonable efforts to convene and document a meeting among the EI provider, the family, and other appropriate community services and supports, to discuss the services that the child may be eligible to receive. In particular, DHS requires certified EI providers to link Medicaid eligible children to a CEDARR Family Center, given family consent as part of the transition plan.

Specific details and required elements of the Transition component are further described in Section 5.6.

4.7 Procedural Safeguards

DHS certified EI providers are responsible for assuring procedural safeguards that meet the requirements of IDEA, Part C. The intent of procedural safeguards is to assure that: (1) parents are fully informed of all recommendations being advanced by EI staff, (2) that such recommendations and direct services cannot be initiated or changed without written parental consent; (3) that parents are allowed the opportunity to inspect and review records; and (4) that in those instances in which disagreement occurs between provider staff and parents regarding any procedural safeguard violation, an impartial mediation and hearing procedures will be available for resolving such issues.

DHS is responsible for establishing procedural safeguards and assuring effective implementation of safeguards by each provider involved in the provision of EI services.

Specific details and required elements of the Procedural Safeguard component are further described in Section 5.7.

5.0 DESCRIPTION OF THE EI SYSTEM COMPONENTS

Applicants must demonstrate written policies and procedures that address all aspects of the EI system. The applicant's protocol shall address each of the components introduced in Section 4 of these Certification Standards. An applicant must describe its approach to addressing the various responsibilities and tasks within EI service provision. This can be established through written statements demonstrating an understanding of the content and purposes of the EI system and through provider protocols, policies, statement of purpose, worker orientation/training materials and/or procedures for EI service provision.

5.1 Public Awareness Procedures

DHS oversees a Central Directory of local and statewide services and supports. The purpose of the central directory is to ensure that EI providers, staff members and families have access to information on Early Intervention services resources, experts available in the state, research and demonstration projects being conducted in the state. The Central Directory contains information (location, description, contact information, etc.) to enable individuals to determine the nature and scope of services and assistance available from each source listed and to contact these resources as appropriate.

The state distributes this directory to EI providers who in turn will assure its delivery to all parents of children enrolled in EI. It is updated annually or more frequently, if needed. This information is available in all geographic areas in the state. It is available in both English and Spanish at www.dhs.ri.gov.

Certified providers must demonstrate that all families will receive the Central Directory at the time of intake. Service coordinators within EI Providers are responsible for providing ongoing service and supports information to families.

Performance Standards for the Public Awareness component are further described in Section 6.1.

5.2 Comprehensive Child Find Procedures

Child Find efforts are coordinated with all state child find resources (e.g. Part B of IDEA, Maternal and Child Health {MCH}, Medicaid (EPSDT), Supplemental Security Income {SSI}, Developmental Disabilities Assistance and Bill of Rights Act), and with the assistance of the Interagency Coordinating Council (ICC). DHS assures that as a result of this coordination, unnecessary duplication of effort will be avoided and resources available to each public agency will be maximized.

Additionally, new requirements of the Child Abuse Prevention and Treatment Act (CAPTA), as enacted by Congress in 2003, require states to assure a referral for screening of children under age three (3) who were "involved in a substantiated case of child abuse or neglect" to early intervention service providers and partners funded under Part C." The CAPTA requirement helped to emphasize an already recognized need for coordination between the Department of Children, Youth and Families (DCYF) and the EI system. Protocols for systematic referrals, screening and evaluation have been developed by DHS and DCYF, in collaboration with the ICC.

Performance Standards for the Comprehensive Child component are further described in Section 6.2.

5.2.1 Coordination

Certified EI providers must demonstrate that all primary referral sources will receive timely feedback from the EI provider regarding whether or not the child was found eligible for EI. Feedback must be provided in a written format to the primary referral source within 45 days of referral and must be documented in each child's record.

Each EI provider, upon receipt of a referral, must appoint a service coordinator as soon as possible.

Certified EI providers must accept all referrals for children up to their third birthday. For children who are older than 34 months, the focus of service coordination should be on coordinating evaluations and program planning with post-EI community services and supports. Families may also choose to work directly with their Local Education Agency (LEA) and other community services and supports at this time. EI providers will facilitate a referral to the LEA and other appropriate community services and supports to all families who choose this option.

For those children who are referred to EI when 34 months of age or older every effort must be made to coordinate the evaluation/assessment process with the LEA. These efforts must be documented in the child's record.

In general, when there is presumed eligibility for EI services, diagnosis of an established condition, a child should be referred directly to a full service EI provider. If presumed eligibility does not exist, then families are offered the option of a developmental and family screening through the FOP. Families may, however, choose the more comprehensive evaluation and assessment. EI providers will partner with DHS in assuring broad outreach to Health care providers and child care providers informing them of the process for referring their clients to EI.

5.2.2 Universal Screening

DHS has a cooperative agreement with DOH who contracts with the Visiting Nurses Associations (VNA) and the 7 birthing hospitals (Health care providers) throughout the state to serve as the primary mechanism through which universal screening is conducted. An assessment (Level I screening) is conducted for each child born, which includes: child characteristics, parental demographics, parental characteristics, and established conditions. This data is collected to identify low resource, vulnerable families identify children with known established conditions, and to identify any family that might desire support or benefit from community resources.

Infants with known established conditions are referred by the hospital to Early Intervention and children with multiple established conditions are referred for home visiting to the Family Outreach Program for a Level II screening. Visiting nurses are trained in assessment to conduct a screening that gathers information of the child's developmental competence, family strengths, needs, and support systems, and the characteristics of the care giving environment. Upon

completion of this in-home screening, the FOP refers identified families to EI when appropriate or to other community based services and supports.

5.2.3 Referral Process

Direct referrals permit families, state and community agencies, health insurers, and health care providers to refer infants and toddlers directly to EI for family evaluation and assessment. Direct referrals are made within two (2) days after the child is identified as being in need of EI evaluation and assessment. This referral can be made by telephone, fax, letter, or in person.

Referrals will be accepted by EI providers for children up to their third birthday. For children who are 34 months or older, the focus of service coordination should be on coordinating evaluations and program planning with potential community services and supports available after the child's discharge from EI. In some cases, families may also choose to work directly with their Local Education Agency (LEA) and other community services and supports at this time. EI providers will facilitate a referral to the LEA and other community services and supports for all families.

In general, when there is presumed eligibility for EI a child should be referred directly to a full service EI provider. If presumed eligibility does not exist, then families are offered the option of a developmental and family screening through the FOP or referral to a CEDARR Family Center. Families may, however, choose the more comprehensive evaluation and assessment. EI providers will partner with DHS in assuring broad outreach to health care providers and child care providers informing them of the process for referring their patients to EI.

When referrals come from community agencies or health care providers, it is expected that families are involved in the decision to make a referral to EI, as families can decline a referral to EI. Additionally, families may choose any full service provider regardless of their home address.

5.3 Early Intervention Personnel

The work of EI staff must be systematically organized with clear delineation of the staff roles, reporting relationships and supervision within the EI system service components. If the agency is a multi-service organization, an applicant must illustrate how EI fits into the organization as a whole. Detailed job descriptions must be provided for Clinical Supervisors, Service Coordinators, and all other qualified personnel. Protocols must include clear delineation of the role of each staff position and scope of practice.

Job descriptions must address the following areas:

1. Reporting relationships
2. Functional tasks and responsibilities
3. Required skills, training, and experience
4. Licensure or certification qualifications, when applicable

It is the responsibility of an EI provider to conform to DHS certification requirements regarding staff credentials, training, personnel management and guidelines. The EI provider shall demonstrate that it meets the specific staffing requirements. The applicant must therefore give written assurances that these standards will be provided and maintained as a requirement for receiving and maintaining certification.

Certified EI providers must demonstrate acceptable staffing ratios for Qualified Professionals, including Supervisors, Service Coordinators and Paraprofessionals, as well as staff utilized though contractual agreements. Additionally, documentation of relevant education, qualifications and experience of staff and contracted providers must be maintained at certified providers sites for review by DHS and parents as requested.

Performance Standards for the EI Personnel component are further described in Section 6.3.

5.3.1 Qualified Professionals

All qualified professionals in the EI system, whether employed on a full-time or part-time basis, or under a contractual agreement, for whom certificates, licenses, or registrations are required by state law and regulation, must hold current certificates, licenses, or registrations. Only those professionals that hold such certificates, licenses, or registrations and meet the highest requirements in the state applicable to a specific profession or discipline may be considered qualified professionals. Compliance with continuing education requirements necessary to maintain certificate, license or registration in relevant disciplines, as well as completion of Introduction to EI course within six months of date of hire is required. Qualified professionals include:

Audiologist	Master's Degree with specific course content from an accredited program and is licensed by Department of Health
Early Childhood Educator	Bachelor's Degree from an accredited program and is certified by the Rhode Island Department of Education as an Early Childhood Teacher
Marriage and Family Therapist	Completion of a graduate degree from an accredited program and is licensed by Department of Health
Mental Health Counselor	Completion of a graduate degree from an accredited program is licensed by Department of Health
Physician/Psychiatrist	Doctorate in Medicine with state licensure and Board certification in appropriate medical or surgical specialty; must be licensed by Rhode Island Board of Medical Licensure and Discipline
Nurse	Licensed as a Registered Nurse by Department of Health and has graduated from Board approved and accredited nursing program
Registered Dietician	Bachelor's Degree in nutrition or dietetics from an accredited/approved program and is licensed by Department of Health

Occupational Therapist	Bachelor's Degree from an approved, accredited Occupational Therapy program and is licensed by Department of Health
Occupational Therapy Assistant	Certified Occupational Therapist Assistant Associate's Degree and passing National Occupational Therapist Examination for Occupational Therapist Assistant
Optometrist and Ophthalmologist	Degree from an approved school or college of optometry and is licensed by Department of Health
Orientation & Mobility Specialist	Bachelor's degree from an AER approved university or college, O & M program, certified by the ACVREP Board of Directors
Physical Therapist	Bachelor's Degree from a Board approved school of Physical Therapy and licensed by Department of Health
Physical Therapy Assistant	Physical Therapist Assistant Associate's Degree from accredited college or university and certified as Physical Therapist Examination Assistant
Psychology	Doctoral Degree in psychology or equivalent programs licensed by Department of Health
Social Work	MSW from an accredited program, certified and is licensed by the Rhode Island Board of Social Work
Special Educator	Bachelor's Degree from an accredited program and is certified by the Rhode Island Department of Education as a Special Educator - Blind/Partially Sighted, Deaf/Head of Hearing, Early Childhood
Speech and Language Pathologist	Master's Degree with specific course content from an approved program or its equivalency and is licensed by Department of Health
Speech and Language Pathology Assistant	Completion of eighteen (18) graduate credits from an accredited program and registration with the Rhode Island Department of Health

Other accepted qualified professionals will be considered if the following criteria are met:

- Master's Degree in a relevant field for EI
- Course work that is relevant to EI (at least four 3-credit courses)
- At least one year's experience working in the EI field or one year's experience working with infants and toddlers with special needs

- A letter signed by the program's clinical supervisor, stating that they have complete confidence in the ability of the staff person in question to perform all the functions of a Qualified Professional.

In order to expedite this process, a review of qualifications for the applicants will begin as soon as an EI Director or Clinical Supervisor submits to DHS all qualifying information, e.g., resume, statement of qualifications, copy of master degree diploma, copy of school transcript, and any other pertinent documentation.

Please see *Early Intervention Services and Reimbursement Table* located in the Technical Resource Documents for a listing of billable services for qualified professionals.

5.3.2 Supervisors

Certified EI providers must employ a least one Supervisor per site. These clinical supervisors must meet the requirements of a qualified professional and have a minimum of 3 years working with young children and their families. Discipline specific supervision should be provided in accordance with RI DOH practice acts and RI Department of Education Certification Requirements. In addition to compliance with continuing education requirements to maintain a current certificate or license, a minimum of eight (8) hours per year within the following areas is required; (1) Supervisory skill building, (2) Quality improvement, (3) Ethical and risk management issues, and (4) Collaborative problem solving and completion of the Introduction to EI course within six (6) months of date of employment.

Please see *Early Intervention Services and Reimbursement Table* located in the Technical Resource Documents for a listing of billable services for Supervisors.

5.3.3 Service Coordinators

All service coordinators in the EI system, whether employed on a full-time or part-time basis, or under a contractual agreement, must hold a minimum of a Bachelor's degree in Early Childhood Education, Child Development, Early Childhood Special Education, Social Work, Psychology, Communication Disorders, Nutrition, a related EI field, or a Bachelor's Degree in a non-related field but with at least three years of experience working with infants and toddlers with special health care needs. A minimum of 12 hours per year of training with a focus on working with young children with disabilities and their families and completion of the Introduction to EI course within six months of the date of employment, is required.

Please see *Early Intervention Services and Reimbursement Table* located in the Technical Resource Documents for a listing of billable services for Service Coordinators.

5.3.4 Paraprofessionals

All paraprofessionals in the EI system, whether employed on a full-time or part-time basis, or under a contractual agreement, must hold a minimum of an Associate Degree in Human Services or a related field and minimum of one (1) year experience providing services to families with infants and toddlers; or high school diploma or equivalent and minimum three (3) years experience providing services to families with young children, or Child Development Associates with 1 year of experience providing services to families with infants and toddlers. A minimum of 12 hours per year of training with a focus on working with young children with disabilities

and their families and completion of the Introduction to EI course within six months of the date of employment is required.

The use of paraprofessionals in EI who are appropriately trained and supervised in accordance with state law, regulations, and policy to assist in the provision of EI services (i.e. billing, interpreter services) is considered by DHS to be a career opportunity. EI providers employing paraprofessionals will have available, EI providers ongoing professional development activities related to EI specific services, policies and procedures governing their duties, records of the paraprofessionals completion of training for the work assignments, continuing education and relevant coursework completed. Therefore, provider support of paraprofessionals to further their formal education is strongly encouraged.

Please see *Early Intervention Services and Reimbursement Table* located in the Technical Resource Documents for a listing of billable services for paraprofessionals.

5.3.5 Supervision

A certified EI provider must demonstrate that there will be a minimum of at least one (1) Supervisor per site in order to assure appropriate monitoring and support of Service Coordinators. Additionally, supervisors provide group and individual supervision as well as deliver direct services to children and families.

5.3.6 Provider Orientation and Training

DHS, in collaboration with its partners, provides a comprehensive system of personnel development to assure qualified EI staff throughout the EI system. EI providers assure participation of their staff at appropriate education and training events in order to meet professional standards. All qualified professionals, including Supervisors, Service Coordinators and paraprofessionals must complete an annual professional development plan. These plans shall be made available to DHS upon request. Personnel files shall contain documentation of all completed agency orientation and trainings.

DHS requires that basic training for all EI staff must be arranged by the provider and must include, but not be limited to the following:

- State-wide Resources available to families and Children with Special Health Care Needs
- A valid certification in First Aid for children and young adults including management of airway and rescue breathing (CPR)
- Ethics and confidentiality

Education reimbursement is offered and intended to offset the lost revenue for hours of personnel development related to the development of competencies in Early Intervention. The basic training requirements listed above are excluded from education reimbursement. Please see Request to Access Education Reimbursement form for details and procedure.

5.4 Evaluation/Assessment Requirements

Certified EI providers must demonstrate that evaluations and assessments are conducted in collaboration with other agencies where indicated. Comprehensive multidisciplinary

evaluations/assessments of the child as well as a family assessment, with the consent of the family, are conducted in a timely manner in order to assure an initial IFSP meeting be held within 45 days of referral. Written prior notice is required to conduct evaluations/assessments and must be documented in the child's record.

The service coordinator, who coordinates the evaluation and assessment process, assumes responsibility for the following activities:

- Serving as the single point of contact in assisting parents to obtain required services and assistance
- Assisting parents in gaining access to all services identified in the IFSP
- Coordinating the provision of services both within and across agencies
- Facilitating the timely delivery of services
- Coordinating the performance of assessments
- Facilitating the development, review, and appropriate modification of the IFSP
- Assisting families in identifying available service providers external to EI providers
- Coordinating with medical and Health care providers
- Facilitating the development of appropriate transition plans

Qualified multidisciplinary team members, trained to use appropriate methods and procedures, conduct evaluations and assessments. The evaluation for eligibility determination includes a review of medical history and the use of two or more measures, including norm-referenced, criterion-referenced, parent report, and/or direct observational measures. A family assessment must be completed and documented in IFSP with family consent.

Evaluation and assessment measures used must provide information about the child's level of functioning in each of the following areas: cognition, physical development, including vision and hearing; communication; social and emotional development and adaptive development. Emphasis must be placed on assessing and describing the child's participation in family routines and everyday activities, and not merely his/her 'testing performance'.

Performance Standards for the Evaluation and Assessment component are further described in Section 6.4.

5.4.1 Evaluation/Assessment Tools

If the evaluation and assessment process are combined initially, as may be the case when eligibility must be determined, at least one measure used in the evaluation and assessment must be norm- or criterion-referenced. A norm-referenced test is a test that compares the individual child's performance to a clearly defined normative group (i.e., comparing a two year old child's performance to that of a thousand other two year olds on the same tasks). A criterion-referenced

measure compares an individual's performance to established criterion or standard of performance. In most cases use of both a norm-referenced and criterion-referenced measure will provide the most complete information to determine eligibility and begin assessment of a child's current functioning for program planning.

If a criterion-referenced tool is used for the determination of eligibility, it must provide a developmental age or ages in the required domains. If a child has been referred to EI at 28 months of age or older, it is critical that norm-referenced measures be considered and that the evaluation be coordinated with the LEA so it may also be used for eligibility determination for preschool special education services. Selection of the other tool(s) is based on the judgment of the evaluation team with family input as appropriate. In cases where eligibility is known, as is the case with a documented established condition (SEC), it is recommended that criterion-referenced measures be used to link the assessment to goals in the IFSP. Descriptive and specific documentation in the IFSP is required in order to justify the concern of the team and the need for EI services.

5.4.2 Informed Clinical Opinion

In those rare cases when a child's functioning is not measurable using norm-referenced tools or criterion-referenced measures, informed clinical opinion may be used to determine eligibility for EI. The evaluation and assessment report must clearly delineate the child's level of functioning in each required domain so that an independent evaluation team would make the same eligibility determination on the basis of the written report or clinical observation of the child.

- When a child is determined eligible by informed clinical opinion, the IFSP team shall review the child's progress in six months and determine whether additional evaluations/assessments should be completed. This may include a referral for an outside evaluation or an updated developmental assessment by the IFSP team. The team must decide whether or not this child will remain eligible for the next six months based on the informed clinical opinion or whether there is sufficient evidence to establish eligibility under another condition or whether or not to discharge the child.

5.4.3 Use of Outside Evaluations

EI providers must use evaluations completed by other agencies in eligibility determination if they meet the evaluation/assessment requirements and have been completed in the last three months. The evaluation/assessment requirements are: completed by two qualified professionals, completed using at least two measures, and consideration of the five domains. If these evaluations do not meet the evaluation standards or have not been completed within the last three months, additional evaluations are to be completed if the child is not eligible based on a single established condition. However, when an outside evaluation is used to determine eligibility, EI must still complete an assessment for the development of the IFSP. This assessment must be conducted by a multidisciplinary team of at least two qualified personnel. If an outside evaluation also contains information that may be appropriate for IFSP development, such information must be reviewed and included in the IFSP. Outside evaluation must be included in the child's record.

EI evaluation teams must consider any outside evaluations that parents may have and wish to have considered; however, the EI evaluation and IFSP team hold the responsibility of

determining eligibility and services. If parents, as members of the EI teams, disagree with the decisions made by other team members, then they may access procedural safeguards.

5.4.4 Non-Discriminatory Procedures

Each EI provider must ensure that the following standards of evidence and nondiscriminatory practice are met:

- Tests, assessments, and other evaluation procedures are administered in the native language of the child and parent or other mode of communication, unless not feasible
- Any evaluation or assessment procedure is selected and administered so as not to be racially or culturally discriminatory
- Evaluation and assessment procedures are consistent with the unique demographic, cultural, racial, and ethnic characteristics of the population serviced.
- No single procedure is used as the sole criterion for determining a child's eligibility for services;
- Evaluation/assessment team members use informed clinical opinion to interpret all evaluation data.

Certified EI providers must document that qualified personnel conduct evaluations and assessments.

5.5 Individual Family Service Plans (IFSPs)

The initial IFSP meeting must occur within forty-five days of the date of referral. All initial meeting not held within 45 days must include a written justification in the IFSP.

Additionally, EI certified providers must demonstrate that all IFSP meetings are:

- Conducted by face-to-face contact. Other means acceptable to the family and other participants may be used in extenuating circumstances and must be documented in the child's record
- In the native language of the family or other mode of communication used by the family, unless not feasible. When not feasible to conduct the IFSP in the language of the family, an interpreter must be present to facilitate the family's full participation and decision making as part of the IFSP team.
- In settings and at times that are convenient to families.

In accordance with federal law, written notification should be provided to the family and all other participants by the service coordinator at least 7 days prior to the date of all IFSP meetings.

Performance Standards for the IFSP component are further described in Section 6.5.

5.5.1 Participants in IFSP Meetings

Each initial IFSP meeting, which is conducted within forty-five (45) days after referral and annual IFSP meetings thereafter, shall minimally include the following participants:

- Parents of the child
- Family members as requested by the parent
- Advocates or persons outside of the family as requested by the parent
- Service coordinator working with the family since the initial referral of the child or the person designated by the provider to implement the IFSP
- At least one professional who participated in the evaluation and assessment process
- Any additional community services and support program representatives as determined by the needs of the child and agreed to by the family

If any persons listed above are unable to attend the meeting, arrangements are made for other methods of participation (e.g., telephone calls, availability of pertinent records, a knowledgeable authorized representatives, etc.).

5.5.2 Periodic Review

Given the dynamic nature of the developmental course of infants, toddlers, and their families, IFSPs require ongoing review, discussion, and revision by parents and service coordinators. EI providers have developed procedures that promote and facilitate continuous, collaborative planning by professionals and families.

In addition to such ongoing exchanges, each IFSP must be formally reviewed every six months, or more frequently if conditions warrant, or if a family requests such a review. Participants in this progress review minimally include the parent, service coordinator, and others as requested by the parent. This review occurs through a meeting or other means acceptable to the parents and other participants. The objective of this meeting is to review the degree to which progress is being made toward achieving outcomes, and whether modifications or revisions of outcomes or services are needed. The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants.

EI providers must demonstrate that each IFSP must be formally reviewed every six months, or more frequently if conditions warrant, or if a family requests such a review. Participants in this progress review minimally include the parent, service coordinator, and others as requested by the parent. This review occurs through a meeting or other means acceptable to the parents and other participants. The objective of this meeting is to review the degree to which progress is being made toward achieving outcomes, and whether modifications or revisions of outcomes or services are needed. The review may be carried out by a meeting or by another means that is acceptable to

the parents and other participants. Written prior notice is required and must be documented in child's record.

5.5.3 Annual Meeting to Evaluate the IFSP

The purpose of the annual IFSP meeting is to evaluate, revise and update the IFSP based on ongoing assessment of the child's progress. Participants in this meeting shall include those represented in the initial IFSP meeting. The results of any current evaluations and other information available from the ongoing assessment of the child and family must be used in determining what services are needed and will be provided. EI providers must demonstrate policies and procedures for completion of an annual IFSP meeting. Seven days written prior notice is required and must be documented in the child's record.

5.5.4 Content of an IFSP

The individualized family service plan shall be in writing and contain:

- A statement of the infant's or toddler's present levels of physical development, cognitive development, communication development, social and emotional development, and adaptive development, based on objective criteria

- A statement of the family's resources, priorities, and concerns relating to enhancing the development of the family's infant or toddler with a disability

- A statement of the measurable results or outcomes expected to be achieved for the infant or toddler and the family, including pre-literacy and language skills, as developmentally appropriate for the child, and the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the results or outcomes is being made and whether modifications or revisions of the results or outcomes or services are necessary

- A statement of specific early intervention services based on peer-reviewed research, to the extent practicable, necessary to meet the unique needs of the infant or toddler and the family, including the frequency, intensity, and the method of delivering services

- A statement of the natural environments in which early intervention service will appropriately be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment

- The projected dates for initiation of services and the anticipated length, duration, and frequency of the services

- The identification of the service coordinator from the profession most immediately relevant to the infant's or toddler's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities under this part) who will be responsible for the implementation of the plan and coordination with other agencies and persons, including transition services

- The steps to be taken to support the transition of the toddler with a disability to preschool or other appropriate services

All IFSPs must be completed on the most recent IFSP form issued by DHS. It should be noted that DHS believes that the process of completing the IFSP is an important as the written product. The expected process is that outcomes are written together with the families and other caregivers rather than being written by professionals and given to parents for review and approval. The written IFSP should be as unique as the family who participated in its development and should function as a working document. See Technical Resource Documents for IFSP form.

5.5.5 Interim IFSP

EI services may be initiated for eligible children prior to the completion of the evaluation/assessment process provided:

- Written prior notice of the meeting is sent and documented
- Written parental consent is obtained
- An interim IFSP is developed that includes the name of the service coordinator who will be responsible for implementation of the interim IFSP and coordination with other agencies and persons
- The specific EI services that have been determined to be needed immediately by the child and child's family
- The date of completion of the evaluation and assessment process is specified and agreed to by the parent

Certified EI providers must complete Interim IFSPs in all instances of the immediate need for services and in the case of referrals of children 34 months or older. An interim IFSP is appropriate to use in lieu of an Initial IFSP only when a child is referred at 34 months or older in order to provide support for transition to Local Education Agency (LEA) and/or community services and supports. To complete an interim IFSP, an evaluation to determine eligibility and an initial IFSP meeting to determine services immediately needed must occur.

An interim IFSP does not negate the forty-five day (45) timeframe for the initial IFSP meeting for all children under 34 months of age. See Technical Resource Documents for Interim IFSP form.

5.5.6 Accessibility and Convenience of Meetings

IFSP meetings shall be conducted:

- By a meeting or other means acceptable to the parents and other participants
- In settings and at times that are convenient to families
- In the native language of the family or other mode of communication used by the family, unless not feasible

- In accordance with written notification provided to the family and all other participants by the service coordinator at least seven days prior to the date of the meeting

5.5.7 Parental Consent

All IFSP meetings must be conducted in a manner to ensure the contents are fully explained to the parents. Informed written consent must be obtained before the provision of the EI services described in the IFSP. If parents do not provide consent for a particular EI services or withdraw consent after initially providing consent, that service may not be provided. Additionally, all EI services to which parents consent must be provided in a timely manner.

It is important to note that information contained within the IFSP, such as diagnoses, medical conditions, test results, and service goals should be presented in language and in a format that is easily understood by families. The final content of the IFSP is jointly determined and agreed to by the family and the multidisciplinary team.

5.6 Transition Procedures

EI providers must demonstrate that each child's transition team is comprised of: (1) the child's parent(s), (2) the EI service coordinator, (3) representative from the school department, (4) representative(s) from appropriate community services and supports as determined by the team. Written prior notice of the meeting must be given seven (7) days in advance and documented in child's record. The meeting is scheduled and convened by the service coordinator. Parent education and parent-to-parent support is given regarding the general transition process beginning when the child is approximately 24 months of age. Each family should be given a copy of "Transition from Early Intervention: A Family Guide."

At 28 months old the child must be referred to the LEA. The first transition-planning meeting should occur when the child is thirty months of age.

For children who may be eligible for preschool special education and who will turn three years of age between May and September, these timelines must be adjusted to ensure that six months of planning time is still available to the transition team. Therefore, all transition activities, beginning with the referral, should occur earlier (e.g., referral at 26 months instead of 28 for a child with a July birthday).

Children who are referred to EI after 28 months should be referred as soon as possible to the LEA and other community services and supports. The service coordinator should not wait for an EI evaluation/assessment to schedule the transition-planning meeting.

If a child is referred to EI at 34 months or older, the primary work of EI is to support the family through transition. The service coordinator should refer to the LEA and other community services and supports immediately and use an interim IFSP with an outcome of transitioning the child and family. In these cases, an immediate transition-planning meeting is convened with the appropriate team within two (2) weeks to decide how to evaluate the child for special education eligibility and to plan for transition into community services and supports.

If the child has a surrogate parent while in EI, the transition plan needs to include steps to ensure a timely assignment of an educational surrogate advocate. An educational advocate is accessed when the service coordinator notifies the Department of Children Youth Families (DCYF) caseworker and requests that the paper work process be initiated. This must be documented in the child's record.

In summary:

1) At 28 months a referral is made to the Local Education Agency (LEA) and appropriate community services and supports
2) At 30 months EI provider service coordinator will schedule and convene the transition planning meeting with appropriate transition team members as outlined in Section 5.3.6
3) Between 30 – 36 months the LEA holds an eligibility meeting
4) Between 30 – 36 months if the child is eligible for special education, the IEP meeting is convened
5) Between 30 –36 months if the child is not eligible for special education, the EI provider service coordinator and transition planning team members refer the family to appropriate community services and supports
6) Between 30-36 months ALL Medicaid eligible children must be referred to a CEDARR Family Center, given parental consent.

Performance Standards for the Transition component are further described in Section 6.6.

5.6.1 Transition Plan

EI providers must demonstrate that the result of the transition meeting is a written Individual Transition Plan. Written plans must include:

- Type and extent of evaluation data required to determine the child's status and eligibility for preschool programs under Part B services at age three, or referral to other appropriate community services and supports, as well as the person(s) responsible for performing the evaluations

- Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to and participate in a new setting

- Family participation goals

- Parental consent for the transferring of confidential information to the LEA and/or appropriate community services and supports—including evaluation, assessment, and IFSP information

- Procedures for preparing an Individualized Education Program (IEP) and provision of those services by 36 months, if the child is deemed eligible for special education

- Specific timelines for completing the above activities

If the child is eligible for preschool special education, the LEA will convene an IEP meeting as part of the transition process. Appropriate EI staff should be invited to these meetings, with

parent permission and it is appropriate that they attend. The purpose of transition planning and timelines is to ensure that there is enough time to gather the information needed for eligibility determination and for IEP development. Children who are eligible should have an IEP meeting by their third birthday in order to have services begin right away, or on the first day of school following a summer birthday. Some children will be recommended for a more intensive extended school day or school year placement. Only an IEP team can decide if a child is eligible for preschool special education and "extended school day or year" services.

5.7 Procedural Safeguards Procedures

Certified EI providers must assure and document that a copy of the *Family Rights and Responsibilities* booklet is provided to all families at intake. Service Coordinators must review these rights and responsibilities and complaint procedures with each family involved in EI. See Technical Resource Documents for this resource as well as a sample prior written notice form.

Performance Standards for the Procedural Safeguard component are further described in Section 6.7.

5.7.1 Opportunity to Examine Records

EI certified providers must demonstrate that the parent(s) of eligible children are afforded the opportunity to inspect and review records relating to evaluation and assessment, eligibility determination, development and implementation of IFSPs, individual complaints dealing with the child, and any other area involving records about the child and family.

5.7.2 Prior Notice: Native Language

Certified EI provider must demonstrate that written notice is given to the parent(s) of their child at least seven (7) days prior to initiation or change of the identification, evaluation, modification of EI services to the child or family. This means that parents must be notified seven days prior to evaluation, assessments, IFSP meetings and reviews, and transition meetings. If the parent is deaf or blind, or has no written language, the notice must be in the language or mode of communication normally used by the parent.

This notice must be in sufficient detail to inform the parent(s) about the action being proposed or refused, must include the reasons for the actions proposed, and must include all procedural safeguards.

The notice must be written in language understandable to the general public, and/or must be conveyed in the parent's native language or normal mode of communication. If the parent's native language or mode of communication is not written, or if the parent is deaf or blind, the provider must ensure that the notice is translated orally or by other means normally used by the parent, that the parent understands such notice, and that written documentation be maintained that such notice has occurred. See Technical Resource Documents for sample prior written notice form.

5.7.3 Parent Consent

Certified EI providers must demonstrate that written parental consent is be obtained before:

- Conducting the initial evaluation and assessment
- Initiating the provision of EI services

If consent is not given by the parent, the EI provider shall make reasonable efforts to ensure that the parent:

- Is fully aware of the nature of the evaluation, assessment and/or services that would be available
- Understands that the child will not be able to receive the evaluation, assessment and/or services unless consent is given.

5.7.4 Confidentiality

EI providers must demonstrate policies and procedures that ensure the protection of any personally identifiable information collected, used, or maintained, including rights of parents or guardians to written notice of, and written consent to the exchange of information, consistent with federal and state law.

5.7.5 Notice to Parents

Each provider must demonstrate protection of any personal identifiable information collected, used or maintained, including the right of parents to written notice of and written consent to the exchange of information is consistent with state law. This information is communicated to parents and families in the native language or other mode of communication of the family of the eligible child.

The notice describes children on whom personally identifiable information is maintained, the type of information sought, the methods used to collect the information including sources from whom information is gathered, and the manner of utilization of information. The notice also outlines policy and procedures the provider will follow regarding storage and disclosure to third parties, the retention and destruction of personally identifiable information, and describe all rights of parents and children regarding this information, including the rights ensured by the Family Education Rights and Privacy Act (FERPA).

5.7.6 Access Rights

Each EI provider shall permit parents to inspect all records related to their child. Requests for record reviews by parents shall be complied with promptly, and in no case shall exceed forty-five (45) days. Record reviews must be facilitated, upon request, prior to IFSP meetings, hearings related to the child's identification, evaluation, or placement or provision of EI services and at any time within the identification, evaluation, and program planning process. Parents or their designated representative may also request copies of records containing information if failure to provide that information would effectively prevent the parent from the right to inspect and review records. Parents or their representatives have the right to a response to reasonable requests for explanations and interpretations of records. The provider will presume the parent

has the authority to inspect and review his/her child's records unless the provider has been advised that the parent does not have that authority under State law governing guardianship, separation and divorce.

5.7.7 Record of Access

Certified EI providers must demonstrate that all participating agencies which maintain confidential or personally identifiable information on children and their families keep a record of parties obtaining access to those records collected, maintained or used (except access by parents and authorized employees of the provider), including: (1) the name of the party requesting access; (2) the date of access; and (3) the purpose for which the party is authorized to use the records.

5.7.8 Records on More Than One Child

Certified EI provider must ensure that if any EI record includes information on more than one child, the parents of those children have the right to inspect and review only the information relating to their child or to be informed of that specific information.

5.7.9 Lists of Types and Locations of Information

Each EI provider shall provide parents on request a list of the types and locations of EI records collected, maintained or used by certified providers, specialty providers and any other participating agency.

5.7.10 Fees

Certified EI providers may charge fees for copies if the fees do not prevent parents from exercising their right to inspect or review records. Providers may not charge for searching and/or retrieving such records.

5.7.11 Consent for Disclosure

Written parental consent must be obtained before personally identifiable information is disclosed to any individual not employed by the provider, or to any other provider, or for any other purpose than to comply with this application. The provider may not release information from the records to participating agencies without the consent of the parent unless authorized to do so under FERPA. In the event that the child's multidisciplinary team believes failure to release requested information would be harmful to the welfare of the child, the provider may request a due process hearing to determine if the information may be released without parental consent.

5.7.12 Destruction of Information

Certified EI providers must demonstrate the ability to maintain permanent record information (including name, address, phone number, attendance and levels) without time limitation. Other information must be destroyed if the parent so requests. The provider must inform the parent when personally identifiable information is no longer needed to provide services to the child.

5.7.13 Parent Rights to Decline Service

Parents of an eligible child may determine whether they, their child or other family members will accept or decline any EI services under Part C in accordance with State Law. Additionally, parents may decline such service after first accepting it without jeopardizing other EI services

5.7.14 Surrogate Parents

DHS shall ensure that the rights of eligible children are protected if:

- No parent can be identified
- Voluntary decision by parent
- After reasonable efforts, the EI provider cannot discover the whereabouts of a parent or the parents decline decision making authority in the provision of EI services
- Child is a ward of the State

DHS shall be responsible for determining the need for a surrogate and the assignment of an individual to act as a surrogate for the child in accordance with existing state law. Such policies shall ensure that a person selected as a surrogate parent:

- Has no interest that conflicts with the interests of the child he or she represents
- Has knowledge and skills that ensure adequate representation of the child

A person assigned as a surrogate parent may not be an employee of the State lead agency or other State agency or be a person or an employee of a person from any provider involved in the provision of EI services or other services to the child or family member of the child. Appointed surrogates shall not be considered employees of the provider because of being paid by the provider to act as a surrogate.

A surrogate may represent a child in all matters related to:

- Evaluation to determine eligibility and assessment of the child and family
- Development and implementation of the child's IFSP, including annual evaluations, assessments, and periodic reviews
- Ongoing provision of EI services to the child
- Any other rights under IDEA Part C

See Technical Resource Documents for surrogate parent request forms and procedures.

5.8 Procedural Safeguard Violation Procedures

Any individual or organization, including an individual organization from another state may file a complaint that any public agency or private service provider is violating a requirement of Part C of IDEA by filing a written complaint with DHS. The complaint must be written and signed and include a statement of the State, other public agency, or certified EI provider that is identified as violating a requirement of Part C rules and regulations. The complaint must also include the facts upon which the complaint is based.

The alleged violation must have occurred not more than one year before the date the complaint is received by DHS unless a longer period is reasonable because: (1) the alleged violation occurs for that child or other children; or (2) the individual filing the complaint is requesting reimbursement or corrective action for a violation that occurred not more than three years before the date on which the complaint is received.

After the complaint is filed, DHS will give the parent or other individual/agency the opportunity to provide information regarding the issues in the complaint. DHS will investigate and resolve the complaint, utilizing mediation and/or a due process hearing that includes a review of all relevant information and an independent on-site investigation if necessary.

5.8.1 Mediation

DHS assures parents or other affected parties have a right to access mediation services in order to address disputes related to the identification, evaluation, or provision of appropriate early intervention services under Part C of IDEA. The Early Intervention mediation process is voluntary on the part of all parties. Mediation may not be used to deny or delay a parent's right to an administrative proceeding or State complaint, or to otherwise deny the parent's or other party's rights under Part C of IDEA. The mediation must be conducted by a qualified and impartial mediator trained in effective mediation techniques.

The DHS maintains a list of individuals who are qualified mediators and knowledgeable in laws and regulations relating to the provision of special education and related services, and coordinates the assignment of an appropriately qualified mediator. DHS will coordinate the assignment of an appropriately qualified mediator.

Each session in the mediation process must be scheduled in a timely manner and must be held in a location that is convenient to the parties to the dispute. The assigned mediator shall prepare a written mediation agreement, which identifies the agreement reached by the involved parties. Discussions that occur during the mediation process shall be confidential and may not be used as evidence in any subsequent administrative proceeding or civil proceeding. DHS shall bear the cost of the mediation meeting, except any legal representation that parents or other parties may choose to have present.

5.8.2 Due Process Hearing

A parent may request a due process hearing regarding Early Intervention's proposal or refusal to initiate or change the identification, evaluation, placement or provision of appropriate early intervention services by submitting a written request for a due process hearing.

The written request, submitted by the parent or the parent's attorney, must include the name and address of the child, name of the parent submitting the request, description of the facts related to the problem and proposed ways to resolve the problem, if known.

When a hearing is requested by the parent, DHS will inform the parent of the right to mediation and of any free or low cost legal services available to the parent. DHS will be responsible for assigning an impartial hearing officer. The hearing officer assigned must have knowledge about the provision of Part C and about the needs of and services available for eligible children and their families. The hearing officer will perform the following duties:

- Listen to the presentation of relevant viewpoints about the complaint, examine all information relevant to the issues, and seek to reach a timely resolution of the complaint.
- Provide a record of the proceedings, including a written decision.

The impartial person may not be an employee of any agency involved in the provision of early intervention services or care of the child or child's family. The impartial person may not have a personal or professional interest conflicting with his/her objectivity in the complaint resolution process. Parties involved in administrative hearings/due process proceedings have the right to:

- Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to early intervention services for children eligible under Part C of IDEA.
- Present evidence and confront, cross-examine, and compel the attendance of witnesses.
- Prohibit the introduction of any evidence at the due process hearing that has not been disclosed to the parent at least five days before the hearing.
- Obtain written or electronic verbatim transcription of the proceeding and obtain written findings of fact and decisions.

Due process hearings are conducted at a time and place that is reasonably convenient to the parents. During the proceeding, the child will continue to receive appropriate early intervention services currently provided unless parent and public agency otherwise agree. If a complaint involves application for initial services, the child receives those services that are not in dispute.

5.8.3Resolution of Procedural Safeguard Violation

DHS will issue a letter of findings within 60 days of receipt of the complaint. An extension of the timelines will be permitted

only if exceptional circumstances exist with respect to a particular complaint.

The letter will address each allegation with findings of fact, reasons for final decisions, and instructions to the agency or individual to correct any violations found during the investigation. DHS staff will identify the corrective actions necessary to achieve compliance and offer technical assistance and negotiation. If the complaint involved the delivery of appropriate services and the agency/provider is found to have failed to provide appropriate services, DHS will identify how the agency/provider must remedy the violation, including as appropriate the awarding of monetary reimbursement or other corrective action appropriate to the needs of the child and the child's family, and appropriate future provision of services for all infants and toddlers with disabilities and their families.

6.0 PERFORMANCE STANDARDS

An applicant for certification must demonstrate that it brings to the EI system a sound combination of management and clinical skills, experience, and the capability to reliably support the provision of Early Intervention. As part of the commitment, an applicant must demonstrate its capacity to effectively provide each of the EI system components. Applicants are to demonstrate their approach to meeting these requirements in writing. Further guidance as to how to complete the application is included as a Technical Resource Document.

Fully certified EI providers will be in compliance with the Certification Standards and meet performance standards for EI services provided. DHS utilizes these performance standards as well as data collected in the EI data system, parent survey data and other methods for oversight, monitoring, quality assurance, utilization review and to report to the United States Department of Education, Office of Special Education Programs (OSEP) and other interested parties. Accordingly, the following sections outline the performance standards for services EI certified providers.

6.1 Public Awareness Performance Standard

This performance standard requires that the EI provider must complete and document three (3) public awareness activities in a calendar year, for example outreach work to underserved populations, health education fairs, workshops or conferences. The public awareness committee will coordinate these efforts. This is to assure that all eligible infants and toddlers are identified, evaluated, and enrolled, with particular attention to reaching those traditionally underserved and with the highest needs. EI providers must submit an annual plan to the public awareness committee and an annual report to DHS documenting public awareness activities no later than January 1st of each calendar year. Conducting less than three (3) within this prescribed timeframe may result in provisional certification status and associated reimbursement schedule changes.

All public awareness materials and presentations must be reviewed by DHS prior to dissemination.

6.2 Comprehensive Child Find Performance Standard

This performance standard requires that each EI provider must provide feedback to primary referral sources regarding eligibility for EI in 80% of referrals received from primary referral sources. This feedback must be provided in the form of a written communication to the primary referral source within 45 days of referral and must be documented in each child's record.
Failure to provide feedback to primary referral source in 80% referrals may result in provisional certification status and associated reimbursement schedule changes.

6.3 EI Personnel Performance Standard

This performance standard requires that 100% of EI services are provided by appropriate personnel as set forth in *EI Services and Reimbursement Table*. EI providers must document evidence of appropriate personnel on the Services Rendered Form and in the EI data system. Failure to utilize appropriate personnel for 100% of EI services may result in provisional certification status and associated reimbursement schedule changes.

6.4 Evaluation and Assessment Performance Standard

This performance standard requires that EI providers must evaluate and assess the child's level of functioning in the five domains: cognition, physical development, including vision and hearing, communication, social and emotional development and adaptive development in 100% of evaluations for eligibility and ongoing assessments. EI providers must document evidence of evaluations and assessments in the IFSP and the EI data system. Failure to evaluate and assess children in all domains 100% of the time may result in provisional certification status and associated reimbursement schedule changes.

6.5 Individual Family Service Plans (IFSPs)

This performance standard requires that EI providers must demonstrate that IFSPs are formally reviewed every six months or more frequently as changes to the IFSP are warranted. Providers must document this review process in the both IFSP and the EI data system in at least 80% of current IFSPs. Failure to document this process in both the IFSP and EI data system may result in provisional certification status and associated reimbursement schedule changes.

6.5.1 Initial IFSP Meeting Performance Standard

This performance standard requires that each EI provider, upon receipt of a referral, must appoint a service coordinator as soon as possible. An EI provider must complete the assessment and eligibility evaluation if needed, as well as the initial IFSP meeting for all eligible infants and toddlers within forty-five (45) days from referral. Use of an interim IFSP, does not change this 45 day requirement. If the evaluation and assessment cannot be completed within forty-five (45) days, EI providers must document the circumstances on the IFSP and in the EI data system. Completion of the assessment, evaluation and initial IFSP meeting within forty-five (45) days must occur for more than 80% of EI referrals. Failure to do so may result in provisional certification status and associated reimbursement schedule changes.

6.5.2 Content of an IFSP Performance Standard

This performance standard requires that EI providers deliver all EI services within timelines specified in the IFSP. Failure to initiate EI services according to timelines specified in IFSPs for at least 70% of EI services may result in provisional certification status and associated reimbursement schedule changes. All cancellations and 'no-shows' must be documented on Services Rendered Form (SRF) and EI data system. Family cancellations and 'no-shows' will not be calculated in this standard. DHS will generate reports using data from the EI data system for oversight and monitoring and quality assurance.

6.5.3 Natural Environment Performance Standard

This performance standard requires that the EI provider must deliver the majority of services, to the maximum extent appropriate and as determined by the IFSP team, in natural environments, including home and community settings in which children without disabilities participate. For each service listed in the IFSP that is not delivered in a natural environment the majority of the time, a justification statement is required on the IFSP and in the EI data system. The majority is defined as greater than 50% of EI services. Failure to deliver less than 80% of IFSP services in natural environments may result in provisional certification status and associated reimbursement schedule changes.

6.5.4 Child Outcomes Performance Standard

DHS will design a means of measuring child outcomes to be administered ot each EI eligible child at intake and upon discharge or exit from the program. Data to be collected will include:

- Demonstrated positive social emotional skills, including social relationships
- Acquisition and use of knowledge and skills (including early language and/or communication)
- Demonstrated appropriate behaviors to meet needs

This data must be entered into the EI data system. Failure to document this data for *all* EI eligible children may result in provisional certification status and associated reimbursement schedule changes.

6.6 Transition Performance Standard

This performance standard requires that the EI provider must implement a timely transition plan to support infant and toddlers transition to pre-school and appropriate community services and supports. Implementing less than 90% of transition plans according to timelines may result in provisional certification status and associated reimbursement schedule changes. Documentation must be provided in the IFSP and EI data system.

6.7 Procedural Safeguard Performance Standard

This performance standard requires the EI provider to respond to incidences of procedural safeguard violations as outlined in Section 5.7 within one (1) week to DHS. Failure to assure all procedural safeguards to the satisfaction of DHS may result in provisional certification status and associated reimbursement schedule changes.

6.8 Additional Monitoring and Reporting

DHS may also request additional reports, documentation, and site visits, as necessary to monitor compliance with these Certification Standards and services provided by the Early Intervention provider

6.9 Ethical Standards

Clearly articulated Principles of Ethical Care and Professional Conduct must be publicly posted at all Certified EI provider sites. Protocols will identify standards of ethical practice for all EI staff. The latter shall include, but will not be limited to, the following issues:

- Grievance policies and procedures
- Discipline Policies

7.0 QUALIFIED ENTITY

A certified EI provider must be able to demonstrate compliance with core State requirements as to organizational structure and process. These requirements pertain to areas such as incorporation, management of administrative and financial systems, human resource management, information management, quality assurance/performance measures and others. State requirements in these areas are consistent with the types of expectations or standards which would be set forth and surveyed by health care accrediting bodies and which are generally held to be critical to effective, consistent, high quality organizational performance and care provision.

Applicants for certification are not required to systematically address in detail each of these areas in their certification applications. Rather, these are set forth as fundamental requirements for certified entities. In many areas applicants will be asked to provide assurances that their agency systematically addresses each of the standards identified. In certain areas, more specific description regarding the manner in which the agency meets the standard may be required. The Application Guide (see Appendix B) provides guidance as to how the application should be structured and the areas that need to be addressed.

In not requiring applicants to explicitly address the elements in Section 7, the State is seeking to simplify the effort needed to develop an application; these certification requirements remain in place. The State reserves the right to review certified entities for compliance with these certification requirements.

7.1 Administration

Specific standards regarding administration are as follows:

1) The Executive Officer, under supervision of the governing body, is responsible for financial management, achieving program outcomes, meeting client needs, and implementing the governing body's strategic goals.

2) A current chart of organization, which clearly defines lines of authority within the organization, must be maintained and provided as part of the certification application.

3) The management of the organization is involved in the planning process for performance improvement and is involved in planning for priorities and setting goals and objectives for the written Quality Assurance/Performance Improvement plan.

4) There is a written corporate compliance/strategic plan in place that is adopted by the governing body.

7.2 Financial Systems

The organization must have strong fiscal management that makes it possible to provide the highest level of service to infants and toddlers and their families. Fiscal management is conducted in a way that supports the organization's mission, values, goals and objectives in accordance with responsible business practices and regulatory requirements. Financial management requires a set of sophisticated financial planning and management capabilities if the organization is to remain viable. The organization must be able to obtain relevant data, process and report on it in meaningful ways, and analyze and draw meaningful conclusions from it. Managers must use financial data to design budgets that match the constraints of the organization's resources, and provide ongoing information to aid the governing body in managing and improving services. Therefore, the financial managers must have the ability to integrate data from all of the client and financial accounting systems (e.g., general ledger, Medicaid and commercial insurance billing and appointment scheduling). Data must also be utilized to make projections for planning and budgeting purposes.

7.3 Human Resources, Staffing

Human Resource activities within the organization are conducted to ensure that proper staffing for optimum service delivery to infants and toddlers and their families occurs through hiring, training, and oversight of staff activities. The activities are organized to serve the governing principles of the organization and compliance with these Certification Standards. The organization provides clear information to staff about job requirements and performance expectations, and supports continuing education, both internal and external, that is relevant to the job requirements of the individual. In addition, all staff receive training about major new organizational initiatives and about key issues that may affect the organization overall.

Specific standards regarding Human Resources and Staffing are as follows:

1) The organization's personnel practices must contribute to the effective performance of staff by maintaining sufficient staffing ratios through direct hiring and/or contractual agreements with qualified individuals and agencies who are culturally and linguistically competent to perform clearly defined jobs and address EI system needs.

2) Personnel records are kept that contain a checklist tickler system to track appropriate training, credentialing and other activities. A copy of all required current staff licenses and certifications must be kept on file.

3) EI providers must perform annual written performance appraisals of staff based on input from families and supervisors, as appropriate. These must be available in the personnel files for review by DHS upon request.

4) Policies and procedures contain staff requirements for cultural competency that are reflected in the job descriptions.

5) Staff is hired that match the requirements set forth in both the appropriate job description and in the policies and procedures.

6) Each staff's record contains a job title and description reflecting approved education, experience and other requirements, caseload expectations, supervisory and reporting relationships, and annual continuing education and training requirements. Supervisory job descriptions establish expectations for both contributing to the organization's goal attainment and for communicating the goals and values of the organization. All job descriptions include standards of expected performance and personnel development plans.

7) The organization provides a clear supervisory structure that includes clearly delineated spans of control and caseloads as appropriate. The roles of team members are defined with a clear scope of practice for each. Supervisors receive specialized training and coaching to develop their capacities to function as experts in their clinical and/or technical fields. The organization holds supervisors accountable for communicating organizational goals, as well as for clinical and technical supervision. This includes:

    a) Protocols for communication and coordination with all interested parties (e.g., special education, primary care physician, or other specialists).

    b) Clear procedures for addressing unmet education or licensure requirements will be stated. Credentialing records will be maintained annually to document compliance.

8) Credentials of qualified personnel are in accordance with IDEA and shall be contained in the job descriptions. An individual hired into a position has his or her credentials verified through primary source verification, as appropriate, and records maintained in the staff's record.

9) Staff is required to participate in training activities on an ongoing basis, as specified by the provider agency and individual job descriptions.

7.4 Quality Assurance/Performance Improvement

An EI provider is required to have policies and procedures and demonstrable activities for quality review and improvement (e.g. formal Quality Assurance or Performance Improvement Plan). The organization ensures that information is collected and used to improve the overall quality of service and performance of the program. The Quality Assurance/Performance Improvement (QA/PI) program that the organization develops strives to: improve the systems related to the delivery of service to the infants and toddlers and their families; include the preferences of infants and toddlers and their families in the provision of services; and measure the process and outcomes of the program services. The QA/PI program is an ongoing process of planning, monitoring, evaluating, and improving the system in order to improve the outcomes of service provided to infants and toddlers and their families.

Standards regarding Quality Assurance/Performance Improvement are as follows:

1) The organization has a Quality Assurance/Performance Improvement (QA/PI) program that includes a written performance improvement plan with annual review of goals and objectives, data analysis, outcomes management, records review and operational/systems improvement. Written records are maintained for PI program activities and made available to DHS upon request

2) The QA/PI program contains specific timetables for activities and measurable goals and objectives, which consider client concerns and input.

3) Effective data analysis is conducted that includes an assessment of client or organizational needs, identification of service gaps, and integration of that data into organizational decision-making processes.

7.5 Early Intervention Data Management System

The Lead Agency uses data to affect the performance, stability, and quality of EI services provided to infants and toddlers and their families. The EI data system is the main source of programmatic information and must be utilized effectively and efficiently by certified EI providers. -

Standards regarding personally identifiable information management, as well as Medicaid and Commercial insurance billing is as follows:

1) Certified EI providers must utilize the most current version of the EI data system as prescribed by DHS.

2) The organization obtains, manages, and uses information to enhance and improve its performance. Information it maintains is timely, accurate, and easily accessible, and in an electronic format. Evidence exists that information gathered and maintained is used in decision-making for the organization.

2) The organization maintains a written plan for information management which includes: client record-keeping policies and procedures; confidentiality policies and procedures; and record security policies and procedures. The plan provides for the timely and accurate collection of data and sets forth a reporting schedule.

3) The organization shall ensure that its information management systems are protected from unauthorized outside access and shall meet all applicable HIPAA regulatory requirements.

4) The information management plan specifies standard forms and types of data collected for client referral, intake, evaluation/assessment, services, and discharge.

5) The information management plan has an incident reporting and client grievance-reporting component.

6) Information management processes are planned and designed to meet the organization's internal and external reporting and tracking needs, and are appropriate to its size and complexity. Mechanisms exist to share and disseminate information both internally and externally.

    a) The organization maintains signed releases for sharing of information.

    b) Where necessary, Memorandum of Agreement (MOA) exist.

    c) Reports are available on an appropriate schedule (weekly, bi-weekly, monthly, quarterly, etc.) for use by service providers, service coordinators, supervisors, managers, CEO, and the Governing Body for assessing client and organizational progress.

    d) Reports to authorities (state, federal, and other funding and regulatory entities) for review are submitted accurately, in the required formats and on a timely basis.

7) The organization has written policies and procedures regarding confidentiality, security, and integrity of information, and has mechanisms to safeguard records and information against loss, destruction and unauthorized access or disclosure.

    a) The organization has policies and procedures in place to safeguard administrative records, clinical records, and electronic records.

    b) Electronic records are backed up, transmitted data is encrypted and secure, and access is password protected.

8) Each child's information is accessible and reviewed in a consistent and timely manner, with enough information to support family needs, to justify services delivered, and to document a course of treatment and service outcomes.

7.6 Health and Safety, Risk Management

The organization supports an environment that promotes optimal safety and reduces un-necessary risk for infants and toddlers and their families, family members and staff. The service delivery model of EI calls for specific policies and procedures to assure that services are provided in a safe and effective manner for both the child and the staff.

Standards regarding Health, Safety, and Risk Management are as follows:

1) The organization's policies and procedures designate managers who monitor implementation of Health and Safety policies and report to the Quality Assurance Performance Improvement program committee and the Lead Agency.

2) The organization will have protocols for identification and monitoring of safety risks, family crises, medical emergencies and difficult situations.

3) Health and safety policies and procedures are clearly communicated to agency staff, visitors, and infants and toddlers and their families.

4) Programs will have an effective incident review process.

5) OSHA guidelines

6) All Federal and State mandate

_Rhode Island_____
State

OMB NO. 1820-0550
Expires: 08/31/05

ANNUAL STATE APPLICATION UNDER PART C OF THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT AS AMENDED IN 2004
FEDERAL FISCAL YEAR 2005

CFDA No. 84.181A

ED FORM No. 1 B20--26P

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION PROGRAMS
Washington, DC 20202-2600

Section I

A. Submission Statements for Part C of IDEA

Please select and check the appropriate statement(s) the State is using for this Federal Fiscal Year.

1. _____ The State's policies, procedures, methods, descriptions, and assurances meet the application requirements of Part C of the Act as found in PL 108-446, the Individuals with Disabilities Education Improvement Act of 2004. The State is able to provide and/or meet all policies, procedures, methods, descriptions, and assurances, found in Sections II.A and II.B of this Application. (See Section V, *Optional Technical Assistance Checklist*, which is provided to assist States in understanding the legal requirements of the Part C application policies, procedures, methods, descriptions, and assurances.)

   By selecting this submission statement the State has submitted the new and/or revisions to State policies, procedures, methods, and descriptions that meet all requirements found at 20 U.S.C. 1437(a)(6); (a)(9)(A); (a)(9)(A)(ii)(II); and (a)(9)(C)).

2. ___X_ The State cannot provide policies, procedures, methods, descriptions, and/or assurances for all application requirements of Part C of the Act as found in PL 108-446, the Individuals with Disabilities Education Improvement Act of 2004. The State has determined that it is unable to provide the policies, procedures, methods, descriptions, and/or assurances that are checked 'No' below and in Section II.A and II.B. However, the State assures that throughout the period of this grant award the State will operate consistent with all requirements of PL 108-446 and applicable regulations. The State will develop and/or make such changes to existing policies, procedures, methods, descriptions, and assurances as are necessary to bring the policies, procedures, methods, descriptions, and assurances into compliance with the requirements of the IDEA, as amended, as soon as possible, and not later than July 1, 2006. The State has included the date by which it expects to complete necessary changes associated with policies, procedures, methods, descriptions, and assurances marked 'No'. The items checked "Yes" are enclosed with this application.[1]

3. _____ The State is submitting, under 20 U.S.C. 1437(e) and (f), modifications to State policies and procedures previously submitted to the Department and has checked, under Section II.A, the appropriate 'R' cell(s) found in the 'Yes' column. These modifications are: (1) deemed necessary by the State, for example when the State revises applicable State law or regulations; (2) required by the Secretary because there is a new interpretation of the Act or regulations by a Federal court or the State's highest court; and/or (3) because of an official finding of noncompliance with Federal law or regulation.

B. Conditional Approval for Current Grant Year

If the State received conditional approval for the current grant year, check the appropriate statement below:

1. _____ The State previously has submitted documentation of completion of all issues identified in the FFY 04 conditional approval letter.

2. _____ The State is attaching documentation of completion of all issues identified in the FFY 04 conditional approval letter. *(Attach documentation showing completion of all issues.)*

3. _____ The State has not completed all issues identified in the FFY 04 conditional approval letter. *(Attach documentation showing completion of any issues and a list of items not yet completed.)*

[1] If Option 2 is checked the State is to provide dates in Sections II.A and II.B as to when the required policies, procedures, methods, descriptions, and assurances will be provided. The State will be granted conditional approval until it can provide all policies, procedures, methods, descriptions, and assurances.

Section II

A. State Policies, Procedures, Methods, and Descriptions

As checked below, the State hereby declares that it has or has not filed the following policies, procedures, methods, and descriptions with the U.S. Department of Education, and, as of the date of the signature below, affirms and incorporates by reference those policies, procedures, methods, and descriptions with respect to Part C of PL 108-446.

Check and enter date(s) as applicable. Enclose relevant documents.				***N = 'New' Policy and/or Procedure R = 'Revised' Policy and/or Procedure OF = Policy and/or Procedure is already 'On File' with the USDOE***
Yes *(Policies, procedures, methods, and descriptions are being submitted with this application either as 'New', 'Revised', or already 'On File'.)*			**No** **(***Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation.)*	
N	**R**	**OF**		**State Policies, Procedures, Methods, and Descriptions**
				State Policies and Procedures
		X		1. As required in 20 U.S.C. 1432(5)(A) and 1435(a)(1) the State has provided its policies and/or procedures regarding the State's definition of 'developmental delay' to ensure that a rigorous definition of the term 'developmental delay' will be used by the State in carrying out programs under this Part in order to appropriately identify infants and toddlers with disabilities that are in need of services under this Part.
			N/A	2. As required in 20 U.S.C. 1437(a)(4), if the State provides services to at-risk infants and toddlers through the statewide system, the State has provided its: 1) description of services to at-risk infants and toddlers, and 2) definition of 'at-risk' under 20 U.S.C. 1432(5)(B)(i).
		X		3. As required in 20 U.S.C. 1437(a)(9)(B) the State has provided its policies and/or procedures to ensure review of the child's program options for the period from the child's third birthday through the remainder of the school year.
		x		4. As required in 20 U.S.C. 1437(a)(9)(C) the State has provided its policies and/or procedures to ensure the establishment of a transition plan, including, as appropriate, steps to exit from the program.
				Optional Policies/Methods
		X		*Enter 'NA' in the cells to the left if the State does not have a system of payment. (See Section IV.A)* 5. As required in 20 U.S.C. 1432(4)(B) and 1437(a)(3)(A), the State has provided its policies and/or procedures that identify the State's

Check and enter date(s) as applicable. Enclose relevant documents.				***N = 'New' Policy and/or Procedure*** ***R = 'Revised' Policy and/or Procedure*** ***OF = Policy and/or Procedure is already 'On File' with the USDOE***
Yes *(Policies, procedures, methods, and descriptions are being submitted with this application either as 'New', 'Revised', or already 'On File'.)*			**No** **(***Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation.)*	
N	**R**	**OF**		**State Policies, Procedures, Methods, and Descriptions**
				system of payments for Part C services.
			N/A	*Enter 'NA' in the cells to the left if this statement is not applicable; otherwise check the 'N' cell under the 'Yes' column and attach all policies.* 6. As described in 20 U.S.C. 1435(c) the State has provided its policy, developed and implemented jointly by the lead agency and the State educational agency, under which parents of children with disabilities who are eligible for services under 20 U.S.C. 1419 and previously received services under this part, may choose the continuation of early intervention services (which includes an educational component that promotes school readiness and incorporates preliteracy, language, and numeracy skills) for such children under this part until such children enter, or are eligible under State law to enter, kindergarten. The statewide system ensures that-- (A) parents of children with disabilities served pursuant to 20 U.S.C. 1435(c) are provided annual notice that contains-- (i) a description of the rights of such parents to elect to receive services pursuant to 20 U.S.C. 1435(c) or under part B; and (ii) an explanation of the differences between services provided pursuant to 20 U.S.C. 1435(c) and services provided under part B, including-- (I) types of services and the locations at which the services are provided; (II) applicable procedural safeguards; and (III) possible costs (including any fees to be charged to families as described in 20 U.S.C. 1432(4)(B)), if any, to parents of infants or toddlers with disabilities; (B) services provided pursuant to 20 U.S.C. 1435(c) include an educational component that promotes school readiness and incorporates preliteracy, language, and numeracy skills; (C) the State policy will not affect the right of any child served pursuant to 20 U.S.C. 1435(c) to instead receive a free

Check and enter date(s) as applicable. Enclose relevant documents.				***N = 'New' Policy and/or Procedure R = 'Revised' Policy and/or Procedure OF = Policy and/or Procedure is already 'On File' with the USDOE***
Yes *(Policies, procedures, methods, and descriptions are being submitted with this application either as 'New', 'Revised', or already 'On File'.)*			**No** **(***Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation.)*	
N	**R**	**OF**		**State Policies, Procedures, Methods, and Descriptions**
				appropriate public education under part B; (D) all early intervention services outlined in the child's individualized family service plan under 20 U.S.C. 1436 are continued while any eligibility determination is being made for services under 20 U.S.C. 1435(c); (E) the parents of infants or toddlers with disabilities (as defined in 20 U.S.C. 1432(5)(A)) provide informed written consent to the State, before such infants or toddlers reach 3 years of age, as to whether such parents intend to choose the continuation of early intervention services pursuant to 20 U.S.C. 1435(c) for such infants or toddlers; (F) the requirements under 20 U.S.C. 1437(a)(9) shall not apply with respect to a child who is receiving services in accordance with 20 U.S.C. 1435(c) until not less than 90 days (and at the discretion of the parties to the conference, not more than 9 months) before the time the child will no longer receive those services; and (G) there will be a referral for evaluation for early intervention services of a child who experiences a substantiated case of trauma due to exposure to family violence (as defined in section 320 of the Family Violence Prevention and Services Act). The State shall submit to the Secretary, in the State's report under 20 U.S.C. 1437(b)(4)(A), a report on the number and percentage of children with disabilities who are eligible for services under 20 U.S.C. 1419 but whose parents choose for such children to continue to receive early intervention services under this part. A description the funds (including an identification as Federal, State, or local funds) that will be used to ensure that the option described 20 U.S.C. 1435(c)(1) is available to eligible children and families who provide the consent described in paragraph (2)(E), including fees (if any) to be charged to families as described in 20 U.S.C. 1432(4)(B). In accordance with 20 U.S.C. 1435(c)(5)(A), when providing services to a child with a disability who is eligible for services under 20 U.S.C. 1419 the State is not required to provide the child with a free appropriate public education under part B for the period of time in which the child is receiving services under part C.

Check and enter date(s) as applicable. Enclose relevant documents.				***N = 'New' Policy and/or Procedure R = 'Revised' Policy and/or Procedure OF = Policy and/or Procedure is already 'On File' with the USDOE***
Yes *(Policies, procedures, methods, and descriptions are being submitted with this application either as 'New', 'Revised', or already 'On File'.)*			**No** **(***Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation.)*	
N	**R**	**OF**		**State Policies, Procedures, Methods, and Descriptions**
			N/A	*Enter 'NA' in the cells to the left if this statement is not applicable; otherwise check either the 'N' or 'R' cell under the 'Yes' column and attach appropriate written methods. See the optional technical assistance checklist in Section V for full provisions of 20 U.S.C. 1440.* 7. The State has chosen to meet the requirement to establish financial responsibility for early intervention services under 20 U.S.C. 1440(b)(1) through 'appropriate written methods' under 20 U.S.C. 1440(b)(3)(c) other than State statute or regulation or signed interagency agreements.
				Descriptions
		X		1. As required by Section 427 of the General Education Provisions Act (GEPA), the State has identified barriers and developed strategies to address the barriers and has provided a description of the steps the State is taking to ensure equitable access to, and participation in Part C.
		X		2. As required in 20 U.S.C. 1437(a)(3)(B) the State has provided a description of early intervention services to be provided to infants and toddlers with disabilities and their families through the statewide system.
	X			3. As required in 20 U.S.C. 1437(a)(5) the State has provided a description of the uses for which funds will be expended in accordance with this part. *(See Section III.)*
X			October 7, 2005	4. As required in 20 U.S.C. 1437(a)(6) the State has provided a description of its policies and procedures that require the referral for early intervention services under this part of a child under the age of 3 who – (A) is involved in a substantiated case of abuse or neglect; or (B) is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure.
		X		5. As required in 20 U.S.C. 1437(a)(7) the State has provided a description used to ensure that resources are made available under this part for all geographic areas within the State.

Check and enter date(s) as applicable. Enclose relevant documents.				***N = 'New' Policy and/or Procedure R = 'Revised' Policy and/or Procedure OF = Policy and/or Procedure is already 'On File' with the USDOE***
Yes *(Policies, procedures, methods, and descriptions are being submitted with this application either as 'New', 'Revised', or already 'On File'.)*			**No** **(***Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation.)*	
N	**R**	**OF**		**State Policies, Procedures, Methods, and Descriptions**
x			October 7, 2005	6. As required in 20 U.S.C. 1437(a)(8) the State has provided a description that ensures that, prior to the adoption by the State of any other policy or procedure necessary to meet the requirements of this part, there are public hearings, adequate notice of the hearings, and an opportunity for comment available to the general public, including individuals with disabilities and parents of infants and toddlers with disabilities.
x			October 7, 2005	7 As required in 20 U.S.C. 1437(a)(9)(A) the State has provided a description that ensures a smooth transition for toddlers receiving early intervention services under this part (and children receiving those services under by 20 U.S.C 1435 (c)) to preschool, school, other appropriate services, or exiting the program, including a description of how: (i) the families of such toddlers and children will be included in the transition plans required 20 U.S.C. 1437(a)(9)(C); and (ii) the lead agency designated or established under 20 U.S.C. 1435(a)(10) will (I) notify the local educational agency for the area in which such a child resides that the child will shortly reach the age of eligibility for preschool services under part B, as determined in accordance with State law; (II) in the case of a child who may be eligible for such preschool services, with the approval of the family of the child, convene a conference among the lead agency, the family, and the local educational agency not less than 90 days (and at the discretion of all such parties, not more than 9 months) before the child is eligible for the preschool services, to discuss any such services that the child may receive; and (III) in the case of a child who may not be eligible for such preschool services, with the approval of the family, make reasonable efforts to convene a conference among the lead agency, the family, and providers of other appropriate services for children who are not eligible for preschool services under part B, to discuss the appropriate services that the child may receive.
x			October 7, 2005	8. As required in 20 U.S.C. 1437(a)(10) the State has provided a description of State efforts to promote collaboration among Early Head Start programs under section 645A of the Head Start Act, early education and child care programs, and services under Part C.

B. Assurances and Optional Assurance

The State makes the following assurances and provisions as required by Part C of the Individuals with Disabilities Education Act. (20 U.S.C. 1431 et.seq.)

Check and enter date(s) as applicable		**Assurances** *(20 U.S.C. 1434;1435; and 1437(b))*
Yes *(Assurance is hereby provided.)*	**No** *(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)*	
X		1. As applicable, the assurance found in OMB Standard Form 424(B) (Assurances for Non-Construction Programs), relating to legal authority to apply for assistance; access to records; conflict of interest; merit systems; nondiscrimination; Hatch Act provisions; labor standards; flood insurance; environmental standards; wild and scenic river systems; historic preservation; protection of human subjects; animal welfare; lead-based paint; Single Audit Act; and general agreement to comply with all Federal laws, executive orders and regulations is in place.
	X October 7, 2005	2. The State has adopted a policy that appropriate early intervention services are available to all infants and toddlers with disabilities in the State and their families, including Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State, infants and toddlers with disabilities who are homeless children and their families, and infants and toddlers with disabilities who are wards of the State; and has in effect a statewide comprehensive, coordinated, multidisciplinary, interagency system to provide early intervention services, for infants and toddlers with disabilities and their families, that meet the requirements of 20 U.S.C 1433, 1434, and 1435.
X		3. The State has in effect a policy that ensures that appropriate early intervention services based on scientifically based research, to the extent practicable, are available to all infants and toddlers with disabilities and their families, including Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State and infants and toddlers with disabilities who are homeless children and their families in accordance with 20 U.S.C. 1435(a)(2).
X		4. The State has in effect a timely, comprehensive, multidisciplinary evaluation of the functioning of each infant or toddler with a disability in the State, and a family-directed identification of the needs of each family of such an infant or toddler, to assist appropriately in the development of the infant or toddler in accordance with 20 U.S.C. 1435(a)(3).
X		5. For each infant or toddler with a disability in the State, the State has an individualized family service plan in accordance with 20 U.S.C. 1436,

Check and enter date(s) as applicable		**Assurances** *(20 U.S.C. 1434;1435; and 1437(b))*
Yes *(Assurance is hereby provided.)*	**No** *(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)*	
		including service coordination services in accordance with such service plan. (20 U.S.C. 1435(a)(4)) *See optional technical assistance checklist in Section V for all provisions of 20 U.S.C. 1436.*
X		6. The State has a comprehensive child find system, consistent with Part B, including a system for making referrals to service providers that includes timelines and provides for participation by primary referral sources and that ensures rigorous standards for appropriately identifying infants and toddlers with disabilities for services under this part that will reduce the need for future services. (20 U.S.C. 1435(a)(5))
	X October 7, 2005	7. The State has a public awareness program focusing on early identification of infants and toddlers with disabilities, including the preparation and dissemination by the lead agency designated or established under 20 U.S.C. 1435(a)(10) to all primary referral sources, especially hospitals and physicians, of information to be given to parents, especially to inform parents with premature infants, or infants with other physical risk factors associated with learning or developmental complications, on the availability of early intervention services under this part and of services under 20 U.S.C. 1419, and procedures for assisting such sources in disseminating such information to parents of infants and toddlers with disabilities. (20 U.S.C. 1435(a)(6))
X		8. The State has a central directory that includes information on early intervention services, resources, and experts available in the State and research and demonstration projects being conducted in the State. (20 U.S.C. 1435(a)(7))
X		9. The State has a comprehensive system of personnel development, including the training of paraprofessionals and the training of primary referral sources with respect to the basic components of early intervention services available in the State that (A) includes-- (i) implementing innovative strategies and activities for the recruitment and retention of early education service providers; (ii) promoting the preparation of early intervention providers who are fully and appropriately qualified to provide early intervention services under this part; and (iii) training personnel to coordinate transition services for infants and toddlers served under this part from a program providing early intervention services under this part and under part B (other than 20 U.S.C. 1419), to a preschool program receiving funds under

Check and enter date(s) as applicable		**Assurances** *(20 U.S.C. 1434;1435; and 1437(b))*
Yes *(Assurance is hereby provided.)*	**No** *(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)*	
		20 U.S.C. 1419, or another appropriate program; and (B) may include-- (i) training personnel to work in rural and inner-city areas; and (ii) training personnel in the emotional and social development of young children. (20 U.S.C. 1435(a)(8)(A) and (B))
X		10. The State has policies and procedures relating to the establishment and maintenance of qualifications to ensure that personnel necessary to carry out this part are appropriately and adequately prepared and trained, including the establishment and maintenance of qualifications that are consistent with any State-approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which such personnel are providing early intervention services, except that nothing in this part (including this paragraph) shall be construed to prohibit the use of paraprofessionals and assistants who are appropriately trained and supervised in accordance with State law, regulation, or written policy, to assist in the provision of early intervention services under this part to infants and toddlers with disabilities. (20 U.S.C. 1435(a)(9)).
X		11. The State has a single line of responsibility in a lead agency designated or established by the Governor for carrying out – (A) the general administration and supervision of programs and activities receiving assistance under 20 U.S.C. 1433, and the monitoring of programs and activities used by the State to carry out this part, whether or not such programs or activities are receiving assistance made available under 20 U.S.C. 1433, to ensure that the State complies with this part; (B) the identification and coordination of all available resources within the State from Federal, State, local, and private sources; (C) the assignment of financial responsibility in accordance with 20 U.S.C. 1437(a)(2) to the appropriate agencies; (D) the development of procedures to ensure that services are provided to infants and toddlers with disabilities and their families under this part in a timely manner pending the resolution of any disputes among public agencies or service providers; (E) the resolution of intra- and interagency disputes; and (F) the entry into formal interagency agreements that define the financial responsibility of each agency for paying for early intervention services (consistent with State law) and procedures for resolving disputes and that include all additional components

Check and enter date(s) as applicable		**Assurances** *(20 U.S.C. 1434;1435; and 1437(b))*
Yes *(Assurance is hereby provided.)*	**No** *(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)*	
		necessary to ensure meaningful cooperation and coordination. *See optional technical assistance checklist in Section V for full provisions of 20 U.S.C. 1440.* (20 U.S.C. 1435(a)(10)(A)-(F)).
X		12. The State has a policy pertaining to the contracting or making of other arrangements with service providers to provide early intervention services in the State, consistent with the provisions of Part C, including the contents of the application used and the conditions of the contract or other arrangements. (20 U.S.C. 1435(a)(11))
X		13. The State has a procedure for securing timely reimbursements of funds used under this part in accordance with 20 U.S.C. 1440(a). *See optional technical assistance checklist in Section V for full provisions of 20 U.S.C. 1440.* (20 U.S.C. 1435(a)(12)).
	X October 7, 2005	14. The State has procedural safeguards with respect to programs under this part, as required by 20 U.S.C. 1439. (20 U.S.C. 1435(a)(13)) *See optional technical assistance checklist in Section V for full provisions of 20 U.S.C. 1415 and 1439.*
X		15. The State has a system for compiling data requested by the Secretary under section 618 that relates to this part. (20 U.S.C. 1435(a)(14) and 1442)
X		16. The State has a State interagency coordinating council that meets the requirements of 20 U.S.C. 1441. (20 U.S.C. 1435(a)(15)) *See optional technical assistance checklist in Section V for full provisions of 20 U.S.C. 1441.*
	X October 7, 2005	17. The State has policies and procedures to ensure that, consistent with 20 U.S.C 1436(d)(5): A) to the maximum extent appropriate, early intervention services are provided in natural environments; and B) the provision of early intervention services for any infant or toddler with a disability occurs in a setting other than a natural environment that is most appropriate, as determined by the parent and the individualized family service plan team, only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment. (20 U.S.C. 1435(a)(16))
X		18. The State ensures that Federal funds made available under 20 U.S.C. 1443 will be expended in accordance with this part. (20 U.S.C.

Check and enter date(s) as applicable		**Assurances** *(20 U.S.C. 1434;1435; and 1437(b))*
Yes *(Assurance is hereby provided.)*	**No** *(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)*	
		1437(b)(1)
	X October 7, 2005	19. The State ensures that it will comply with the requirements of 20 U.S.C. 1440. (20 U.S.C. 1437(b)(2))
X		20. The State ensures that the control of funds provided under 20 U.S.C. 1443, and title to property derived from those funds, will be in a public agency for the uses and purposes provided in this part and that a public agency will administer such funds and property. (20 U.S.C. 1437(b)(3))
X		21. The State ensures that provisions shall be made for-- (A) making such reports in such form and containing such information as the Secretary may require to carry out the Secretary's functions under this part; and (B) keeping such reports and affording such access to the reports as the Secretary may find necessary to ensure the correctness and verification of those reports and proper disbursement of Federal funds under this part. (20 U.S.C. 1437(b)(4))
X		22. The State ensures that the Federal funds made available under 20 U.S.C. 1443 to the State-- (A) will not be commingled with State funds; and (B) will be used so as to supplement the level of State and local funds expended for infants and toddlers with disabilities and their families and in no case to supplant those State and local funds. (20 U.S.C. 1437(b)(5))
X		23. The State ensures that fiscal control and fund accounting procedures will be adopted as may be necessary to ensure proper disbursement of, and accounting for, Federal funds paid under 20 U.S.C. 1443 to the State. (20 U.S.C. 1437(b)(6))
X		24. The State ensures that policies and procedures have been adopted to ensure meaningful involvement of underserved groups, including minority, low-income, homeless, and rural families and children with disabilities who are wards of the State, in the planning and implementation of all the requirements of Part C. (20 U.S.C. 1437(b)(7))
X		25. The State assures that it shall provide other information and assurances as the Secretary may reasonably require by regulation. (20 U.S.C.

Check and enter date(s) as applicable		**Assurances** *(20 U.S.C. 1434;1435; and 1437(b))*
Yes *(Assurance is hereby provided.)*	**No** *(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)*	
		1437(b)(8).
		Optional Assurance
N/A		*Enter 'NA" in the cells to the left if this assurance is not applicable.* 26. The State has adopted a policy that includes making ongoing good-faith efforts to recruit and hire appropriately and adequately trained personnel to provide early intervention services to infants and toddlers with disabilities, including, in a geographic area of the State where there is a shortage of such personnel, the most qualified individuals available who are making satisfactory progress toward completing applicable course work necessary to meet the standards described in 20 U.S.C. 1435(a)(9). (20 U.S.C. 1435(b))

C. Certifications

The State Lead Agency is providing the following certifications:

Yes	
X	1. The State certifies that ED Form 80-0013, *Certification Regarding Lobbying*, is on file with the Secretary of Education. With respect to the *Certification Regarding Lobbying* the State recertifies that no Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making or renewal of Federal grants under this program; that the State shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," when required (34 CFR Part 82, Appendix B); and that the State Agency shall require the full certification, as set forth in 34 CFR Part 82, Appendix A, in the award documents for all sub awards at all tiers.
X	2. The State certifies that it has met the certifications in the Education Department General Administrative Regulations (EDGAR) at 34 CFR §80.11 relating to State eligibility, authority and approval to submit and carry out the provisions of its State application, and consistency of that application with State law are in place within the State.
NO	3. The State certifies that the arrangements to establish responsibility for services

By October 7, 2005	provided under Part C pursuant to 20 U.S.C. 1440(b) are current as of the date of this Application certification. (20 U.S.C. 1437(a)(2) and 1440). *See Item 6 in Section II.A above regarding including, with this Application for the Secretary's review, 'other appropriate written methods' to meet the requirements of 20 U.S.C. 1440(b). Also see the optional technical assistance checklist in Section V for the full provisions of 20 U.S.C. 1440.*

D. Statement

I certify that the **State of Rhode Island** has provided the policies, procedures, methods, descriptions, and assurances checked as 'yes' in Sections II.A and II.B and the certifications required in Section II.C of this application. These provisions meet the requirements of Part C of the Individuals with Disabilities Education Act as found in PL 108-446. The State will operate its Part C program in accordance with all of the required policies, procedures, methods, descriptions, assurances and certifications.

If any policies, procedures, methods, descriptions, and assurances have been checked 'no', I certify that the State will operate throughout the period of this grant award consistent with the requirements of the IDEA as found in PL 108-446 and any applicable regulations, and will make such changes to existing policies and procedures as are necessary to bring those policies and procedures into compliance with the requirements of the IDEA, as amended, as soon as possible, and not later than July 1, 2006. (34 CFR §76.104)

I, the undersigned authorized official of the

Rhode Island Department of Human Services

(*Name of State and official name of State lead agency*)

am designated under Part C by the Governor of this State to submit this application for FFY 2005 funds under Part C of the Individuals with Disabilities Education Act (IDEA).

Printed/Typed Name and Title of Authorized Representative of the State: Deborah Florio, Administrator of Children and Family Services	
Signature:	Date: June 29, 2005

Section III

A. Description of Use of Part C Funds for the Lead Agency

Provide totals for the number of lead agency administrative positions, salaries and fringe benefits funded either 100 percent and/or less than 100 percent with Part C funds. Provide a general description of the duties that the positions entail.

Positions Funded	Number of Positions	Salaries & Fringe Benefits	Description of Duties
100% funded with Part C Funds			
< 100% funded with Part C Funds	2 @ 45%	128, 276	Policy development, data management, program management, oversight and monitoring

B. Maintenance and Implementation Activities for the Lead Agency

List major activities. Activities could include Comprehensive System of Personnel Development, contracted staff to provide technical assistance and data analysis, and expenses to administer the program not included under "Administrative Positions." *(Add columns and rows as needed.)*

Major Activity	Part C Funds to be Spent	Description of Activities
EI Mediators and Hearing Officers	500	Complaint resolution
Travel for technical assistance	2,500	Conferences, workshops, technical assistance meetings
Management Information System	50,000	Upgrade the existing EIMIS to enhance program management, data collection, and reporting

C. Description of Use of Part C Funds for the Interagency Coordinating Council (ICC)

Provide totals for the number of ICC administrative positions, salaries and fringe benefits funded either 100 percent and/or less than 100 percent with Part C funds. Provide a general description of the duties that the positions entail.

Positions Funded	Number of Positions	Salaries & Fringe Benefits	Description of Duties
100% funded with Part C Funds			None

< 100% funded with Part C Funds			

D. Maintenance and Implementation Activities for the Interagency Coordinating Council (ICC)

List major activities. Activities could include training, support for the ICC (travel), and other implementation and development activities of the ICC. *(Add columns and rows as needed.)*

Major Activity	Part C Funds to be Spent	Description of activities
Parent participants	16,000	Parent participants are compensated for attendance of meetings per discretion of the lead agency.
ICC meetings	4,000	Food, space, notices, and materials
ICC Retreats & trainings	3,650	Workshops, food, space, and materials

E. Direct Services

Describe the direct services the State expects to provide including information about **each** type of service, the approximate amount of funds for the service, and a summary of the methods to be used to provide the service. If State employees provide direct services, include salary, fringe, % Part C, and description of duties. *(Add columns and rows as needed)*

Direct Service	Part C Funds To be Spent	Summary of methods to be Used to Provide the Service
Assistive Technology	300	Certified Early Intervention Programs provide the appropriate array of services as identified in the IFSP.
Speech & Audiology	250, 800	
Family training, counseling, and home visits	48, 500	
Health services	22, 000	
Medical services for diagnostic or evaluation purposes	1, 500	
Physical Therapy	133, 760	
Occupational therapy	150, 350	

Vision	6, 500	
Social work services	38, 000	
Transportation	1, 200	
Special Instruction	300, 250	
Service Coordination	428, 500	
Psychological services	36, 000	
Early identification, screening, and assessment services	130, 250	

Direct Service Employees (Discipline)	Salary and Fringe	% Part C	Description of Duties
			None

F. Description Of Optional Use Of Part C Funds *(For States that Do Not Provide Direct Service for At-Risk Infants and Toddlers)*

Describe activities to strengthen the statewide system for at-risk infants and toddlers. This could include establishing linkages with appropriate public or private community-based organizations, and supporting personnel who identify and evaluate at-risk infants and toddlers, make referrals and conduct periodic follow-up. (*Add columns and rows as needed.)*

Description of Activity	Amount of Funds
None	

G. Activities by Other Agencies

If other agencies receive a portion of the Part C federal funds, include the name of the agency, the approximate amount of funds each agency will receive, and a summary of the purposes for which the funds will be used. (Add columns and rows as needed.)

Agency Receiving Funds	Amount of Funds	Purpose
Rhode Island Parent Information Network	19, 650	Provide at least one parent consultant to each EI certified provider and to offer support to EI

		families and to lead agency.
Family Outreach Program	33, 750	Child Find screenings
Training Center for Children with Special Health Care Needs	207, 500	Provide pre-service and in-service training and support for Early Intervention
Technical Services for Children with Special Health Care Needs	47, 255	Provide transition support, coordination of specialty services, child find and public awareness assistance for Early Intervention

Section IV

A. System of Payments / Use of Insurance / Program Income

The State

__X__ does *(check as applicable)*

_____ does not *(check as applicable)*

have a system of payments for Part C services under 20 U.S.C. 1432(4)(b) which may include use of public and/or private insurance or family fees, such as a sliding scale. Any family fees are treated as 'program income' for purposes of 34 CFR §80.25 and are not included in the State's determination of State and local expenditures for purposes of 20 U.S.C. 1437(b)(5)(B). *Note: If the State has adopted new or has revised its existing policies and procedures regarding its system of payments it must submit these new and/or revised policies and procedures under Item 5 in Section II.A above.*

B. Restricted Indirect Cost Rate/Cost Allocation Plan Information

(Note: To be completed if Lead Agency is not State Educational Agency.)

If the lead agency is not a State Educational Agency, please check applicable status below and enclose appropriate documentation for this Federal Fiscal Year.

____ Current restricted indirect cost rate or cost allocation plan has been approved by State's cognizant Federal agency and is in effect for this Federal Fiscal Year. *(Attach a copy of the approved restricted indirect cost rate agreement or cost allocation plan.)*

__X__ Current restricted indirect rate or cost allocation plan expires on __6/30/05_ and the State is in the process of negotiating a new restricted indirect rate agreement or cost allocation plan that will be in effect on _7/1/05_. The State will continue to apply the previously approved restricted indirect cost rate or cost allocation plan until a new rate or plan is negotiated and approved by the State's cognizant Federal agency. *(Attach a copy of the previously approved restricted indirect cost rate agreement or cost allocation plan.)*

___ No indirect costs are charged to the Part C grant. The total amount of the Federal Part C grant is used for allowable direct costs.

_____ Other explanation attached